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ANNUAL REPORTS

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COUNTY MEDICAL OFFICER

and the

PRINCIPAL SCHOOL MEDICAL
OFFICER

YEAR 1967

RONALD W. ELLIOTT, M.D., M.SC., D.P.H.

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STANDING SUB-COMMITTEES OF THE WEST RIDING HEALTH COMMITTEE

Ambulance Sub-Committee.—All matters relating to the County Ambulance Service. (Section 27, National Health Service Act, 1946.)

Public Health Sub-Committee.—Matters relating to the Pharmacy and Poisons Act, 1933; Housing (Rural Workers) Acts, 1926 and 1942; Housing Acts; Rural Water Supplies and Sewerage Acts, 1944-61; Nurses' Act, 1957; Vaccination and Immunisation (Section 26), Venereal Diseases, Health Education (Section 28), under the National Health Service Act, 1946; Food and Drugs Act, 1955; Milk (Special Designation) Regulations, 1963; Shops Act, 1950; and all other powers and duties of the Health Authority not delegated to another Standing Sub-Committee.

Mental Health Sub-Committee.—All matters relating to the duties of the Local Health Authority under the Mental Health Act, 1959, and the care and after-care of persons suffering from mental disorder. (Section 28, National Health Service Act, 1946.)

Welfare Sub-Committee.—Arrangements for the prevention of illness, the care of persons suffering from illness other than mental illness, or the after-care of such persons. (Section 28, National Health Service Act, 1946, and the Public Health (Tuberculosis) Regulations, 1952.)

Arrangements for promoting the welfare of persons who are blind, deaf or dumb and other persons who are substantially and permanently handicapped by illness, injury, or congenital deformity, or such other disabilities as may be prescribed by the Minister of Health, and arrangements with Voluntary Organisations therefor. (Sections 29 and 30, National Assistance Act, 1948.)

Assistance grants to Voluntary Organisations providing meals or recreational facilities for old people. (Section 31, National Assistance Act, 1948.)

Arrangements for the protection of property of persons admitted to hospitals, etc. (Section 48, National Assistance Act, 1948.)

The recovery of charges and expenses where permissible in respect of all services provided by the Health Committee.

The West Riding Distress Fund.

Welfare Accommodation Sub-Committee.—The provision and management of residential accommodation for persons who, by reason of age, infirmity or any other circumstances, are in need of care and attention which is not otherwise available to them. (Sections 21-24, National Assistance Act, 1948.)

Arrangements with Voluntary Organisations and other Local Authorities for the provision of accommodation in property maintained by them. (Section 26, National Assistance Act, 1948.)

The registration of disabled persons' or aged persons' homes. (Sections 37-39, National Assistance Act, 1948.)

Registration of charities for disabled persons. (Section 41, National Assistance Act, 1948.)

Care of Mothers and Young Children and Nursing Services Sub-Committee.—The duties of the County Council in respect of Nursing Homes (Sections 187-195, Public Health Act, 1936 and the Nursing Homes Act, 1963); Notification of Births (Section 203, Public Health Act, 1936); the care of mothers and young children (Section 22), domiciliary midwifery (Section 23), health visiting (Section 24), home nursing (Section 25) and domestic help (Section 29) services under the National Health Service Act, 1946; the Nurseries and Child-Minders Regulation Act, 1948; and the Midwives Act, 1951.

JOINT STANDING SUB-COMMITTEE OF THE WEST RIDING HEALTH AND EDUCATION COMMITTEES

Divisional, School Health and Dental Services Sub-Committee.—All matters appertaining to the Divisional Health Administration (Section 111, Local Government Act, 1933); and the School Health and County Dental Services. (Education Act, 1944.)

STANDING SUB-COMMITTEE OF THE WEST RIDING EDUCATION COMMITTEE

Special Services Sub-Committee.—All matters appertaining to the ascertainment of handicapped pupils and the provision of special educational treatment. (Education Act, 1944.)

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INTRODUCTION

THE IMPORTANCE OF COMMUNICATIONS

Most human misunderstandings are caused by lack of or by reason of imprecise dialogue between individuals or groups. This is an obvious truism but I would like to use it and apply it to the health services to illustrate our present trends of thought towards a solution of the difficulties and inefficiency caused by imperfect communication. It has often been said that there is no communication worth talking about between the three branches of the health service. This in itself is an example of imprecision because in fact it is not true. Perhaps the situation is more accurately assessed by H. Lesser in his introduction to *The Health Services*,¹ "It seemed wise at the outset of the National Health Service, for reasons both practical and historical, to place certain well-defined branches of the service under separate authorities—the hospital services under the Regional Hospital Boards and the Teaching Hospitals, the family practitioner services under new Health Service Executive Councils, and the preventive and ancillary after-care services under the Local Health Authorities. The initial work of organisation was so extensive and complicated that it could be done only by dividing it for the time being into separate compartments, the only structural link being the remote but over-riding control of the Ministry of Health (or Home and Health Department, Scotland). It is to this basic arrangement of the service that many critics attribute administrative weaknesses. The argument is that each branch of the service is too prone to look at its own problems in isolation and to lack a proper understanding of the implications that arise from the fact that each section is but a component part of a comprehensive scheme. In theory the Minister has ample powers to effect co-ordination between the different branches of the health service. But what is more important is an *effective partnership* between the services at the local level."

It may be possible to clear up some of this confusion of thought if we divide the process of communication into two. First LIAISON which is a simple matter of discussion between persons with similar responsibilities with the object of them conducting their own individual affairs in such a way that conflicting circumstances do not arise. This is rather a formal matter but a good deal has already been done in this direction since the inception of the National Health Service Act. A much less formal and far more satisfying method of communication is by the process of 'WORKING TOGETHER'. This envisages a much closer working relationship at all levels of activity from administration to the field workers, and it involves a concerted action by all concerned.

Liaison

The increasing administrative complexity of the health service has led to more members of the health department staff being engaged in consultation at liaison committees of various kinds. A survey was made recently amongst the divisional medical officers of their commitments in this direction and the result is given in Part II of this report. Membership of Hospital Management Committees, House Committees, Medical Advisory Committees, Mental Health, Maternity and Geriatric Committees, etc. are mentioned amongst many others. The reactions of the

divisional medical officers to this matter are also given briefly, and it is interesting to note the diversity of opinion, varying from those who feel that not much is achieved at these liaison meetings to those who have found a great benefit. No doubt these differences reflect the varying local circumstances and personalities. It would probably be a good thing to increase the volume of this type of liaison where local circumstances would lead to mutual benefit, but quite obviously this is not the complete answer and much more can be expected from:

‘ Working Together ’

The King Edward’s Hospital Fund for London has just published a report under this heading *Working Together*.² The following quotation from its conclusion summarises my views:

“ In the past, fragmentation of services and lack of communication have been two of the greatest obstacles to the provision of an adequate and efficient health service. There is now an increasing realisation of the urgent need for both co-operation and co-ordination between the various departments. It should be realised, however, that this need was not something created overnight by the introduction of the National Health Service. It had existed long before 1948 for problems of co-operation and communication are inevitable in any large-scale organisation.”

The process of ‘ Working Together ’ as far as the health department is concerned can be divided into three parts:

(a) INTERNAL COMMUNICATION

This means ‘ Working Together ’ as a department by reason of good communications leading to ease of administration. This is a first essential in order that all shall know the policy and aims of the department as a whole. It is fostered through such events as the monthly conference of divisional medical officers and a similar one for divisional nursing officers and another for senior mental welfare officers. Each conference has a set agenda of current day to day problems for discussion and decision. Many ad hoc meetings of other staff on specific problems are also called. We also have a large programme of in-service training varying from the regular seminars conducted by the tutor for mental welfare officers to a series of one day conferences and residential courses at Grantley Hall. An attempt is made to involve all members of staff in some sort of refresher activity of this kind as frequently as practicable. This is necessary with the increased complexity of work. If we link to this the recent policy of re-organising the duties of medical and nursing staff in order to fit in with our scheme of co-operation with general practitioners, it will be seen that we are rapidly moving towards a full scale in-service training for medical officers. This is likely to start within the next twelve months. In furtherance of medical staff interests we are now regularly circulating amongst them a document known as *Clinical Notes* which consists of material of direct interest to preventive medicine which our clinical staff should know about but which may not be readily accessible in the journals to which they normally have ready access. These are but a few examples of how we are tackling the first essential stage of putting our own house in order with regard to good communications, so that we shall be better able to further the important task of ‘ Working Together ’ with our colleagues in the other two branches of the service.

(b) COMMUNICATIONS WITH THE OTHER HEALTH SERVICES

A good sound base in this field is essential if any attempt at integration is contemplated. A few examples of how we are tackling the problem are given below:

Health Centres

Within the last few years this programme has developed rapidly following the initial step of creating the Cleckheaton Health Centre which was completed in 1964. Subsequent development on the lines of 'shared accommodation' has been quite considerable, so that we have now over 40 premises accommodating over 120 general practitioners working closely with our own staff in the preventive medical service, and the situation is still developing considerably. I see the health centre, together with the district general hospital and the medical teaching centre as being the vital points from which much of the health service of the future will grow. I am glad to see that that part of it sponsored by local health authorities is now becoming an accepted and popular endeavour throughout the country. Much work is being done in the design of health centres in conjunction with the County Architect, and we are finding that this is still a very rapidly developing field of activities. The popularity of group practice premises and health centres, together with the shortage of medical personnel, and the improved clinical resources of the medical profession, are leading to an increased popularity of larger partnerships in general practice. This is illustrated in Part II of this report, which even over a period of two years shows a definite trend towards bigger partnerships. This in itself is another illustration of improved personal communications and the 'Working Together' of individuals.

Attachment Schemes

Elsewhere in this report is an account of some research done by two members of the County staff,³ who were amongst the first to try and make some assessment of the attachment scheme on the principle of 'Working Together'. They have shown without doubt that where nurses are attached to general practitioners there is a better continuity and co-ordination about their work which is completely lacking in isolated practices; and contrary to what was previously thought by some the travelling time of the staff is not materially increased. The Royal College of General Practitioners in the June, 1968 issue of its journal comments on the fact that these two papers have proved that attachment has led to more consultation with colleagues and to the better marshalling of various social aids and an increased range of the amount of work done by the nursing staff, as well as removing the irritating duplication of services and advice which was previously quite common. It is obvious that the role of the attached nurse has changed but that finality has by no means been reached regarding her duties. The situation improves continually and rapidly, and at the time of writing over 320 members of the nursing staff are now attached to general practitioners, and it is pleasing to hear that over half of them have free access to the records of their general practitioners.

Computer

This is a relatively new subject and perhaps it is a little too early to give a full account of what we are doing by way of using the computer to manage the affairs not only of the health department but of general

practitioners as well—a full account will be given in the next annual report. Meanwhile it is interesting to record that members of the Finance Committee of the County Council recently attended a full day conference on the use of the computer for County Council purposes under arrangements made by the County Treasurer, and that an account was given of how we are using this equipment for the control of vaccination and immunisation in the County.⁴ We are already beginning to extend the field to deal with the testing of hearing in children and the recording of handicapped persons. This is only a start to what could be a considerable build-up of medical and social knowledge on the computer with the object of assessing and furthering preventive medicine. The computer will obviously forge a very close link between ourselves and the general practitioners and at the time of writing at least 450 general practitioners are taking advantage of this service and it is confidently expected that this number will increase within the next twelve months.

The Involvement of General Practitioners in our mother and child care schemes

Many general practitioners are employed on a sessional basis by the County Council in the infant welfare clinics. In 1963 as many as 43 per cent. of our total sessions were done by general practitioners, but by 1967 this had increased to 59 per cent. Similarly the employment of general practitioners in antenatal and postnatal clinics has increased from 39 per cent. of the total sessions held in 1963 to 42 per cent. in 1967. The total number of sessions, of course, have decreased owing to the emphasis on hospital midwifery in recent years. A start has also been made in the use of the general practitioner in our premises for child welfare work on his own patients where there is always a health visitor in attendance. There has also been a very popular increase in the number of general practitioners using our clinics for sessions for their own antenatal patients. This has increased from less than 600 sessions in 1963 to nearly 2,000 in 1967. In the reverse direction the use of County midwives for antenatal work in general practitioners' surgeries has very quickly increased from about 1,600 sessions in 1963 to nearly 3,500 in 1967. These figures represent a rapidly developing joint effort in recent years.

Standing Sub-Committee on Co-operation

I have referred to this long standing arrangement on many occasions but no action of co-operation could be complete without emphasising the importance of this basic committee consisting of representative general practitioners nominated by the Executive Council and medical members of the department's staff. It is from this committee that many of our co-operative efforts have stemmed. If the reader will again look at Part II of this report it will be seen what a wide range of mutually important matters have been discussed at the quarterly meetings during the past year, and which illustrate the many points of common mutual interest between general practitioners and the preventive medical services.

Publications

Health Notes has now been running for over three years and continues to fill an important role in the total effort of 'Working Together'. The Notes have been well received by the general practitioners and

prove a useful method of communication. It is perhaps not so widely realised that *Health Notes* is not merely a bulletin sent out from the County Health Department to general practitioners, but since it is distributed through divisional offices an arrangement has been made whereby each divisional medical officer can insert his own local points of interest before sending the Notes on to his general practitioners. We therefore have not only a general communication but a local one. It seems to me that this is the best way of creating such a link in a county area.

Mental Welfare Officers

In the county scheme the mental welfare officers hold a position whereby it is necessary for them to liaise not only with general practitioners but with the hospitals, and this has developed considerably over the last few years. Much work is also done by these officers in connection with special clinics at hospitals or in day centres outside hospitals. So far, however, the liaison with the general practitioner has been on an ad hoc basis. Like the district nurse the mental welfare officer has always been assumed to have close contact with the general practitioner by nature of his work. It is curious, therefore, that we have not tried to attach mental welfare officers to general practitioners in the same way as we have the nursing staff. We have now, however, started to do this in some areas of the county and thought has been given to its expansion.

Working with Hospitals

Although 57 of our health visiting staff continue to act as liaison officers to various hospital departments much less is heard of this type of 'Working Together' in recent years because of the emphasis being placed on the general practitioner. Nevertheless there are signs of further co-operation becoming possible. For instance there is an intention to create at the new District General Hospital at Eastburn, when this is completed, a department which will concentrate on preventive and social medicine in close association with the county staff. It is also pleasing to learn of the assistance given by the County Librarian to hospitals and medical practitioners in general by way of the provision of medical literature. This has been particularly striking at the new medical teaching centre at Doncaster Royal Infirmary. I am most grateful to Mr. Murison for this example of 'Working Together'. There has also been in recent years examples of research carried out jointly with the local teaching hospital departments on such matters as the effectiveness of poliomyelitis vaccine and the incidence of thyroid enlargement in school children. Other projects such as measles vaccination trials and others in connection with cancer in children have also been carried out on a national basis. The ambulance service works largely for the hospitals and in this sphere we have seen again much evidence of 'Working Together'. For instance, there is a liaison committee as between ourselves and the Leeds General Infirmary, and another between ourselves and St. James's Hospital at Leeds, both of which have been useful, and it is felt that because of this liaison we have been able to reduce the use of ambulances at Leeds General Infirmary from 1 in 7.5 of the patients attending to 1 in 11.6 over the past 10 years. There is also a full-time ambulance officer attached to one of the larger hospitals in both Leeds and Sheffield.

Another example of 'Working Together' in this service is the Ambulance Training School where 50 per cent. of the trainees are from outside authorities. The teleprinter service now well established as between ambulance headquarters and the out-stations could very usefully be extended to the hospitals. There are difficulties in this but it is a matter which is being looked at carefully.

(c) 'WORKING TOGETHER' WITH NON-MEDICAL COLLEAGUES

There are many examples of this. Perhaps the most extensive being with the Education Department where we have a common interest in the school health service. The close relationship need not be itemised here as it is well known, but two matters are worthy of mention. First the joint publication of a new bulletin called *Well-being*, which is circulated each term to teachers in West Riding schools and is an attempt to link the two professions of medicine and teaching together for the benefit of the school child. This document is still in its early days but has been well received. Second is the now firmly established periodical meeting between senior officers of the Education and Health Departments to consider mutual problems at an administrative level. This is already reaping a rich reward.

A few years ago the County Council resolved to sponsor the training of social workers through the two-year Younghusband Courses at Leeds College of Technology. As a result the first of the qualified trainees are now about to join us. Although the work of these new recruits is meant to be largely for the internal activities of the department it is obvious that they, of all our staff, are likely to develop extensive links with outside agencies, and we shall watch this development with very great interest. Within the next few weeks five of our divisions will be staffed in this way, and more students are in training. In the light of the Seebohm Committee report this scheme should provide excellent material for the assessment of the 'social' aspects of health department work.

Close links have been forged with the Ministry of Social Security, particularly in respect of the industrial rehabilitation scheme which is now to be started in Mirfield for post-psychotic patients.

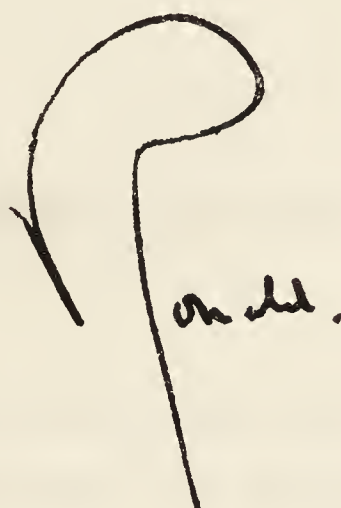
Joint work has also been done with the Yorkshire Council of Social Service and their publication *Preparation for Retirement* has been very useful in planning some future activities of the health department.

This Annual Report is in a way another example of an attempt to improve communications. It will be seen that the lay-out has been completely altered. Although the statistics and general review of the work done in 1967 is still given it has been kept separate from two new approaches. The first of these is a series of articles on matters of current concern such as smallpox control, staff attachment and the educationally subnormal child written by members of the medical staff. The second is a series of official reports of a technical nature, but which have an intrinsic interest for members and will more readily keep them abreast of developments, particularly as some of the reports submitted to the Health Committee may not be easily available in full to all members of the County Council.

The above are merely examples of ' Working Together ' and many more could be added by any health department. The object of enumerating them, however, has been to emphasise the increased importance of this subject, and perhaps in this twentieth anniversary year to show that in the present mood of a general desire for the unification of the health services it will probably come about much more readily if there is already in existence a considerable degree of mutual understanding, trust, and experience of joint effort.

Health Department,
Wood Street,
Wakefield.

July, 1968.

 W. Ellis
County Medical Officer

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SPECIAL REVIEWS

**POSSIBLE CAUSATIVE FACTORS IN
RETARDATION IN THE CHILD**

CONTROL OF SMALLPOX OUTBREAKS

**ATTACHMENT OF LOCAL HEALTH
AUTHORITY NURSING STAFF TO GENERAL PRACTITIONERS**

POSSIBLE CAUSATIVE FACTORS IN RETARDATION IN THE CHILD

C. Simpson Smith, Principal Medical Officer

Introduction:

This paper is based on a survey of 2,500 children referred for suspected retardation in the West Riding from October, 1965, to November, 1967. The information was obtained from the official Forms 2 H.P. completed by medical officers experienced in mental assessments as the forms were received in the central office. In the series 231 children were found to be severely subnormal and unsuitable for education at school: these children will be referred to as Group I; 1,762 children were regarded as 'educationally subnormal' with intelligence quotients of up to 79 on test (Group II); and 507 children referred as retarded had I.Q.s of 80 and over (Group III).

Concern is often expressed at the number of children who pass through their infant and junior school life before being referred for investigation. In the present series 19·7 per cent. of children had been referred by the age of 7 years; 44·5 per cent. by the age of 8 years; and 65·0 per cent. by the age of 9 years. It is interesting that the children in Group III were referred as early as those more severely retarded.

If a consideration of the history reveals significant factors in possible causation it should be possible to bring these children forward earlier. Tansley¹ states that 75 per cent. of children who are educationally subnormal are 'at risk' from an early age. Wigglesworth² writes:

"I have complete confidence in saying that we are now often able to diagnose and ascertain, or at least predict, such children under the age of five years and certainly by five or six years." He also stresses that many of the children develop secondary psychological and behaviour problems as a result of educational failure before their problems are recognized.

The survey covered various aspects of the retarded child but possible causative factors received special attention and form the subject of this section.

Relevant Literature:

Many articles have been written on the influence of the family background and of more specific organic factors in the child's history which may have a bearing on retardation. Williams and Gruber³ outlined some characteristics differentiating two groups of e.s.n. children attending day and residential special schools in South Wales. Two groups were the subject of special study: 'E' group regarded as unsuitable for education: these generally came from higher social class homes but showed a high proportion of organically damaged children. The 'S' group children were regarded as suitable for transfer to ordinary schools after educational success at schools for the e.s.n. This group generally showed 'educational failure' rather than delayed milestones, the family structure was often abnormal and the cultural level low.

Wilson and McMillan⁴ surveyed 589 children in Glasgow during the period 1963—1965 who were in special schools or occupation centres and concluded:

“ Children in attendance at special schools are in most cases at the lower end of the Gaussian Curve of intelligence and come from a subcultural group, whereas the children at occupation centres are in many cases the result of pathological syndromes and can come from any section of the community.”

Berg and Kirman⁵ discussing ætiological problems in mental deficiency, took the view that psychological, educational and social problems are generally of greater significance in the higher grades (which include the educationally subnormal child) and gross brain pathology in the lower grades (the severely subnormal). In a series of 200 severely subnormal children only 32 had no physical defect. Craib and Woodward⁶ found that 73 per cent. of a series of educationally subnormal children had some clinical abnormality which could account, at least partially, for the retardation.

Professor Clarke⁷ discussed familial factors in the causation of mental subnormality and surveyed the literature. He refers to Penrose's study in Colchester where parents of subnormal children were also assessed. The proportion of defective parents was highest in the ' feeble minded ' (12·1 per cent.) and smallest in the severely subnormal ' idiot ' group (2·7 per cent.). Clarke concludes that a higher proportion of children of subcultural defectives are dull or defective than children of normal parents.

The Present Survey:

From the information recorded possible factors were classified as (a) Specific conditions in the child: due to prenatal, natal and neonatal influences; associated congenital defects or acquired disease; (b) Familial conditions: a history of dullness, subnormality, or psychosis in the parents or siblings; (c) A combination of specific and familial factors; (d) No relevant history; and (e) No information available due to the child being in care etc.

The following table shows the percentages of children in the various categories:

	Specific Conditions	Familial Conditions	Combined Specific and Familial	No Cause Found	No Information
Group I	68·0	15·2	5·6	10·8	0·4
Group II	20·0	45·5	11·4	21·2	1·9
Group III	21·3	34·3	6·5	35·3	2·6

If one considers the specific, familial, and the combination of the two factors 88·8 per cent. of the severely subnormals and 76·9 per cent. of the educationally subnormal children with I.Q.s up to 79 (Group II) could be predicted from an early age. These findings support Tansley's and Wigglesworth's views.

The percentage of ' specific ' factors in the severely subnormal children (Group I: 68·0 per cent.) supports the authors who emphasize the pathological causation in this group whilst familial factors are of much more significance in retarded children who are educable.

SPECIFIC FACTORS:

To discuss some of the specific factors in the history in more detail:

Prematurity:

There is a considerable literature on prematurely born children. The *British Medical Journal*⁸ outlined the difficulties in controlled trials and comparisons with children born at full term. Capper is quoted: "The premature infant will become the backward school child, is the potential future psychopathic or neuropathic patient and even the potential inmate of the home for imbeciles or idiots." Sir Robert Hutchison⁹ also took a gloomy view: "I confess I cannot get up much enthusiasm for trying to save these premature arrivals—I have a strong suspicion that, of those who survive, a large proportion turn out to be defective either physically or mentally or both."

Douglas and Mogford¹⁰ described the health of a national sample of premature children born in one week in 1946 and compared with a group of controls. The general conclusion was that prematures tend to be female, first born, and to come from poorer homes. The mortality rate in the first two years of life is much higher but after then they appear to be as healthy as full term born children. Douglas later followed up these children at eight and eleven years of age.^{11, 12} At eight years of age he found that the premature children scored less in reading, vocabulary and picture intelligence tests especially in reading though the handicap did not increase significantly with either falling birth weight or decreasing length of gestation. At eleven years he considered that the poorer scoring was largely due to the association with poor living conditions, low standards of maternal care, and lack of educational interest in the home.

Ascher and Fraser Roberts¹³ in a large scale survey of school children found that 10 per cent. of children with very low birth weights were severely defective. McDonald¹⁴ surveyed the intelligence of 1,066 children aged 6—9 years who weighed 4 lb. or less at birth. She concluded that, excluding other handicaps, the mean I.Q. showed no difference to the general population. Drillien¹⁵ reported that a high proportion of dull, retarded or grossly defective children occurred in those weighing less than 4½ lb. at birth and below 3 lb. only 13 per cent. were of average or above average intelligence.

Other authors have recently drawn attention to the syndrome of the *dysmature* infant who is small for the period of gestation rather than premature. In the *Proceedings of the Royal Society of Medicine*, 1967,¹⁶ it was emphasized that 35 per cent. of low birth weight children are not premature. They show a high perinatal mortality rate and a tendency to slow inferior subsequent development. An American follow-up¹⁷ supports the view that dysmature infants fall behind in both mental and physical development and demonstrate a high incidence of neurological disorders. Over one-fifth of the infants were actually post-mature and most of them came from a middle-class background. The *British Medical Journal*¹⁸ stresses the greater risk of neonatal problems and the higher incidence of retarded children and congenital abnormalities than in true premature infants. Gruenwald¹⁹ suggests that the term *prematurity* should be abandoned to focus attention on the high proportion of small infants who are actually full-term but are affected by intra-uterine growth retardation—in his experience almost one-half of low birth weight infants were in this group.

In view of the recent emphasis on the *dysmature* infant an attempt has been made in this survey to divide the true premature infants (with a birth weight of 5½ lb. or less) from the dysmature child—reported as being a full-term pregnancy with a low birth weight. The information given may not have been complete in

some instances and several children described as premature had no recorded birth weight in the earlier part of the survey. However, it is fairly reasonable to assume that medical officers would record the very low birth weights as parents are usually aware of these and they usually draw attention to small birth weights in full-term deliveries. The survey lacks information on the parity and age of the mother.

252 children (10 per cent. of the total) were regarded as premature or dysmature with birth-weights of 5½ lb. or under. The dysmature infants did not include multiple pregnancies which would affect the weight at birth. 189 children were regarded as premature and 63 as dysmature (with a mean birth weight of 4 lb. 11 ozs.). Thus 25 per cent. of the series were dysmature rather than premature. The sex distribution in the two groups showed a variation:

		Percentages	
		Boys	Girls
Premature ...	...	61·4	38·6
Dysmature ...	...	47·5	52·5

In the total series of 2,500 children the percentages were: Boys: 62·6; Girls: 37·4.

A history of an adverse family background was recorded in 32·8 per cent. of the premature births and 44·4 per cent. of the dysmatures.

These results do not support Douglas and Mogford's findings regarding the preponderance of females amongst premature children nor do a majority come from poor homes. There is an increased incidence of females in the dysmature groups and a higher proportion came from adverse family backgrounds—this is not in keeping with one follow-up quoted.¹⁷ One wonders if surveys of premature children in the past have included many children who would now be regarded as dysmature.

The degree of retardation showed little difference in the two categories. 12·7 per cent. of the premature infants referred as retarded were found to be severely subnormal with 11·1 per cent. of the dysmature children. 69·9 per cent. of prematures and 71·4 per cent. of dysmatures were in the educable range with I.Q.s up to 79.

Of the 189 premature births 72 children had birth-weights of 4 lb. or less (38·1 per cent.). Of these 47 had birth-weights recorded of 3—4 lb. and 25 had birth-weights of under 3 lb. 14·9 per cent. of those with birth-weights of 3—4 lb. were found to be severely retarded and 16·0 per cent. of those under 3 lb. The association of physical factors is, however, more significant as the following percentages demonstrate:

				Percentages showing Physical Handicaps
All prematures...	...	...	...	15·8
Group I ...	...	...	...	41·7
Group II ...	...	...	...	13·6
Group III ...	...	...	...	6·0
Birth-weight 3—4 lb. ...	...	...	...	19·2
Birth-weight under 3 lb.	...	...	...	24·0

In the dysmature infants the percentage showing physical handicaps was as follows:

Total Group	...	...	...	...	14.3
Group I	...	...	...	...	57.1
Group II	...	...	...	...	6.7
Group III	...	...	...	...	18.2

The figures of dysmature infants in this series are too small to be of real significance and do not show a higher incidence of physically handicapped children in the total than in the total premature infants.

In general the survey supports the view that the presence of other handicaps indicating some form of brain 'damage' or encephalopathy is more significant than the actual birth-weight of the child.

Anoxia:

The influence of anoxia (lack of oxygen at birth) on subsequent mental progress has been the subject of much controversy. Bower²⁰ stated that it was the general opinion that anoxia is a more important cause of retardation than cerebral hæmorrhage. Other workers report a low incidence of retardation at six years of age: Corner²¹ described a study of 88 infants, all over 5½ lb. in weight at birth and with severe anoxia requiring resuscitation. All except five were normal at six years old and were attending ordinary schools. The five had physical defects. McDonald¹⁴ considered that there was a complete lack of correlation between retardation and factors leading to oxygen deprivation at birth.

In this series 106 children were reported to have had neonatal anoxia (4.2 per cent. of the total). 57 of the children had no other associated condition such as cerebral palsy etc. though 20 of the 57 came from adverse homes. 5 of the 57 were severely retarded (8.8 per cent.).

The findings confirm the view that anoxia, in the absence of other neurological disorders, is not a frequent cause of mental subnormality.

Maternal Conditions in Pregnancy:

Rubella during pregnancy, in the first three months, is well known as a cause of certain handicaps including congenital deafness. It is generally believed now that it is not a cause of mental subnormality and this is supported in the series. Only three cases of rubella were reported in the 2,500 children and all had other significant conditions e.g. a premature cretin, or partial deafness leading to some retardation educationally.

Professor Neville Butler, of Bristol, in lectures to various professional groups, has doubted the significance of toxæmia of pregnancy, hypertension, antepartum hæmorrhage or forceps delivery on the subsequent progress of the child. This view is supported in the survey in general—only one case of hypertension and four of antepartum hæmorrhage being recorded. There was a history of toxæmia in the mother in 2.5 per cent. of the series but in 37.1 per cent. of the cases it was associated with adverse family factors. Toxæmia appeared to have little significance as a factor in severe retardation. It is of interest that 3.2 per cent. of premature births but 9.5 per cent. of dysmature births gave a history of toxæmia.

Rhesus incompatibility resulting in exchange transfusions at birth has sometimes been postulated as a possible cause of later retardation. Alberti²² reported on a follow-up of 200 babies with severe Rhesus incompatibility. He obtained a mean I.Q. of 100 later and concluded that deafness is the main complication of this condition. In this series 16 cases with exchange transfusion were reported—an incidence of 0·6 per cent. of the total, only one being in the severely subnormal group and having other defects. Rhesus incompatibility does not therefore appear to be a significant factor in the causation of retardation mentally.

Conditions during Birth:

A history of a caesarean section was given in 1·2 per cent. of the series; in 64·8 per cent. a specific reason for the operation was given including physical defects in the mother and child. It did not appear to be a significant factor in future progress.

Excluding premature twins there was a history of multiple pregnancies in 31 children: none in the severely subnormal group. This suggests that the family background is more significant than the multiple birth.

A history of prolonged or difficult and instrumental labour was given in 46 children. This figure is probably incomplete. Six of the children were severely subnormal.

Post-maturity is coming to be regarded as an important factor in possible retarded development later in life. 41 children were said to be post-mature: 30 boys and 11 girls, an incidence of 1·6 per cent. of the total series. 30 came from good homes. 2·6 per cent. of the severely subnormal children (Group I) were post-mature; 1·6 per cent. of Group II; and 1·4 per cent. of Group III. A number of the cases were associated with fits, brain damage, or cerebral palsy etc. and the significance of post-maturity may well be in the increased danger of associated handicaps.

Congenital Defects:

Down's syndrome (Mongolism) accounted for 2·0 per cent. of the total series, and 18·6 per cent. of the Group I children. Of the 51 children, 43 were regarded as unsuitable for education, five were recommended for a trial at special schools although their educability was doubtful; two were managing quite well at special schools with recorded I.Q.s of 59 and 61 at the ages of 15 years and 10 years respectively; and one boy was reviewed on leaving a special school at 16 years and recommended for admission to a training centre as unemployable. There were 21 boys and 30 girls.

There were many types of congenital defect recorded, the highest number in the severely subnormal group being in children with associated epilepsy, or congenital cerebral palsy. Three cases of phenylketonuria were recorded—two being severely subnormal.

The total number of congenital defects recorded, including Down's syndrome, was 266—an incidence of 10·6 per cent. in the series. Of these there was an incidence of 41·1 per cent. in Group I, 8·0 per cent. in Group II, and 6·1 per cent. in Group III. This again demonstrates the importance of associated handicaps in the causation of mental retardation.

Defects Acquired After Birth:

These accounted for 2.1 per cent. of the series; 12.2 per cent. occurring in Group I; 1.6 per cent. in Group II, and 2.3 per cent. in Group III. They included meningitis; encephalitis; acquired fits; cerebral tumour; head injury and one case of lead encephalopathy. The total number is small but shows that meningitis and encephalitis can still result in retardation.

Familial Factors:

The proportion of adverse familial factors has already been referred to in the different groups. Apart from general dullness more specific conditions applied in 14.3 per cent. of Group I; 28.5 per cent. of Group II and 16.0 per cent. of Group III children. There was a history of psychosis in one or both parents in three of the severely subnormal children; 54 of the Group II and 17 of the Group III children. The parents were known to be severely subnormal in two of Group I children, 14 of Group II, and four of Group III. In 187 of the children recommended for schools for the educationally subnormal other members of the family were already in attendance. There was a history of the father being a recurrent inmate in prison in 38 of the educationally subnormal groups (II and III). 13 cases in Group I; 46 in Group II and 9 in Group III had a history of a severely subnormal sibling. Other conditions included separation of the parents, committal to care for adverse home conditions, and adoption. The background of the children often makes very distressing reading.

Conclusions:

The current survey confirms the view that a high proportion of retarded children can be predicted from an early age either on account of specific conditions in the child's history or because of the associated family background. Earlier recognition should therefore be one's aim and the changing pattern of the departmental medical officers' duties with the development of periodic assessments of the child's progress should help considerably. More frequent visits to the schools and closer contact with the teachers should also help to bring forward children who are beginning to fail educationally in the school situation. Earlier recognition is, however, not enough. Better facilities within the ordinary school and elsewhere for special educational treatment to help to overcome the retardation need to be provided from an earlier age.

The survey also re-emphasises that the severely subnormal child comes generally from a reasonable home background but has associated specific factors indicative of impairment in the nervous system—the same factors causing the multiplicity of the handicap. In the educationally subnormal group the pattern is quite different—the children tending to come from subcultural and adverse homes.

In regard to prematurity the proportion of live premature births to the total of live births in the West Riding in 1967 was 6.6 per cent. Excluding the 'dysmature' infants the incidence of prematurity in this series was just under 7.6 per cent.—little more than the general incidence of prematurity. Prematurity, in itself, was not found to be a significant cause of severe retardation—the significant factor again is the presence of other specific conditions to which the premature child is more liable. The significance of the dysmature child needs further study as published surveys are of recent origin.

Whilst anoxia, rubella, and Rhesus incompatibility are significant factors in the causation of hearing loss in the child there is little evidence that they cause

specific mental retardation though the child may appear to be retarded if the hearing loss has not been recognized and remedial education given.

Further studies are required into the effect of post-maturity on subsequent mental development. In at least a proportion of the post-mature children associated physical factors are present.

Acquired conditions such as meningitis, encephalitis and brain damage following injury constitute a very small proportion of the causative factors of retardation in the series.

The problem of the subcultural background is one which cannot be solved readily and is frequently, in fact, insoluble despite the work of all the social agencies. Deprivation of this kind is well recognized and one can only hope to provide more stimulating experiences for the children outside the home situation.

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CONTROL OF SMALLPOX OUTBREAKS

Ronald W. Elliott, County Medical Officer

It was thought necessary by the Leeds and Sheffield Regional Hospital Boards' Liaison Committees for medical officers of health to study the problems which would arise on the outbreak of smallpox in either of the regions. Consequently Working Parties were set up for both regions and herewith follow the actual reports. This work was stimulated by the smallpox outbreak in 1962 in Bradford and surrounding areas. It is interesting to note that although the general theme is the same in both regions there are individual differences of approach and differences due to geography and resources. One obvious difference is that the Leeds region has the smallpox diagnostic laboratory in its area, whereas the Sheffield region does not. This is an indication of the difficulties caused by the boundaries of the various responsible bodies and authorities not being coterminous. This is particularly noticeable in the West Riding which has the added disadvantage of being in Areas of two Regional Hospital Boards. However, the arrangements set out have been agreed between officers of the bodies and authorities concerned, and should help considerably in any outbreak. It must be emphasised, however, that these reports will need to be modified from time to time in the light of new information and new advances, as well as the acquisition of new resources such as electron microscopy. It must also be realised that these reports and their recommendations are not mandatory in any way. For instance the recommendations with regard to ambulance transport are still to be worked out in detail, and some modification of the plans with regard to the contribution of the Hull authority may be necessary. Other details have still to be worked out but it is felt that the time has come for the general approach to the subject to be made known.

LEEDS REGIONAL HOSPITAL BOARD LIAISON COMMITTEE

REPORT OF THE WORKING PARTY ON THE
CONTROL OF SMALLPOX

County Council M.O.H.	Dr. R. W. Elliott (Chairman)
County Borough M.O.H.	Dr. A. Hutchison
District M.O.H.	Dr. A. Telford Burn
Public Health Laboratory Service	Dr. L. A. Little
Regional Hospital Board	Dr. A. A. Driver
Dr. G. E. Welch acted as Secretary	

The Working Party was set up as recommended in Appendix I of *Memorandum on the Control of Outbreaks of Smallpox* to consider a scheme for the distribution of lymph supplies in the event of an outbreak.

Although the memorandum is to be regarded as being largely a document for the use of the individual medical officer of health, the following statements in it suggest that an effort should be made to obtain common policy throughout the region in the face of smallpox which does not respect boundaries of authorities;

Page 11.
para 41. “ Incidents which appear to be well under control do not necessarily call for co-ordinated efforts between neighbouring districts but it may be desirable at an early stage of an outbreak to reach agreement with other authorities not directly involved, particularly as regards extension of vaccination and general public relations.”

Page 13.
para. 47. “ When circumstances call for the announcement of vaccination plans for the local population or specified sections of it, it is necessary before any statement is issued that county districts (in England and Wales only) should consult the local health authority; the appropriate central health department should be informed. When a number of districts are involved some arrangements will need to be made to co-ordinate the preparation and issue of announcements and information.”

Page 15.
Appendix B
para 2. “ It has also proved advantageous in some regions for one ambulance authority to undertake the transport of smallpox patients on behalf of a number of neighbouring authorities, thus reducing the number of vehicles and crew at risk from contamination. Where arrangements of this kind have been agreed it is important that all controls should be informed of these and that steps are taken to ensure that calls are transmitted to the appropriate ambulance station without delay.”

Page 24.
Appendix I
para's
5 and 6. “ It is suggested that medical officers of health and the laboratory director could form an ‘ ad hoc ’ Working Party to evolve a scheme for local distribution of supplies should the need arise, nominating one or more of their number to advise the laboratory director on distribution. The medical officer of health of an area in which there is an outbreak should preferably not be called upon to give this advice, since he is otherwise preoccupied, but he should have a priority allocation of vaccine so that he can proceed to vaccinate contacts, and their contacts without delay.

Once local schemes are formulated the Working Parties could go into recess until the threat actually arises; at that time consideration should be given to ensuring that the Press are properly informed as to the local position."

(Since the above Memorandum was published it has become established policy for distribution of lymph to be by the M.O's H. of L.H.A's and not from P.H. Laboratories.)

The following comments on these points are made—

1. Distribution of Lymph supplies

Requirements can be classified in order of priority as :

1. Contact vaccinations.
2. Vaccination of Health Department and Hospital Staff.
3. Community vaccinations (initiated by M.O.H. responsible).
4. General vaccinations.

Normal stocks should be sufficient for (1) and (2). The medical officer of health concerned should decide what categories of persons are included as contacts, and issues of lymph to general practitioners asked to vaccinate contacts should be through him.

If the responsible medical officer of health decides that community vaccinations (3) are necessary further supplies of vaccine will have to be directed to the community concerned. The memorandum suggests that control of this should be given to a nominated medical officer of health (not of an area in which there is an outbreak). It is felt, however, that more effective advice could be given by a Working Party made up of members of the Local Authority Service, the Laboratory Service and the Hospital Service. Its membership is suggested as the present Working Party with the addition of the medical officers of health of any county borough, county council or county district where a case has occurred.

General vaccinations (4) present the most difficult problem. Methods of controlling general vaccination through lymph supplies are—

- (1) M.O's H. of L.H.A's will defer releases until the Working Party advises that all necessary demands have been met.
- (2) Releases to general practitioners may be limited to what they can reasonably be expected to use in one day (and may be arbitrarily limited in amount e.g. related to average normal issues).

Supplies to factory doctors present a special problem and it is suggested that as far as possible they should be issued only when—

- (a) Community vaccination is being carried out.
- (b) Factory personnel are regarded as contacts (direct or indirect).

Any supplies issued to factory doctors should be through the responsible medical officer of health.

N.B. Firm control of the issue of central reserves is necessary. The local M.O.H. is put in a very difficult position if he is forced to refuse vaccine to districts neighbouring on the outbreak and yet vaccine can be seen to be distributed in towns remote from the infection.

2. Laboratory facilities for the diagnosis of smallpox

It has now been confirmed that the Leeds Public Health Laboratory is again to be a diagnostic centre for smallpox and the details will appear on the next revised memorandum issued by the Ministry of Health, therefore medical officers of health should contact the Leeds Public Health Laboratory for assistance in diagnosis.

3. Transport of Smallpox patients by Ambulance

The arrangements were confirmed whereby the ambulance services of two authorities undertake to remove any cases or suspects to hospital. The West Riding County Council Service will remove all cases destined for Oakwell Hospital, Batley, and the Hull County Borough Service cases destined for Castle Hill Hospital.

4. Co-ordination of action and Press relations etc.

Several aspects of co-ordination and public relations were considered in the light of the 1962 outbreak and the recent suspected case. The importance of an early meeting between all concerned in the area was accepted. The issuing of statements to Press etc. by the medical officer of health concerned and by the Regional Hospital Board with regard to the condition of patients had worked well. The following points were made—

- (i) *Vaccination policy.* A co-ordinated policy between different authorities is essential. Apart from the meeting referred to above, this could be achieved through the expanded Working Party referred to in paragraph 1.
- (ii) *County Districts.* Special problems arise in county districts and Dr. A. Telford Burn makes the following points.
 - (a) Common policy throughout the region is essential in the light of the limited responsibilities of the medical officer of health of a county district who has statutorily to deal with the case and the contacts, and the wider extension of vaccination is the responsibility of the county.
 - (b) County borough and county districts could be brought completely into line as regards (a) above if there were an agreed policy of ring vaccination.
 - (c) Any extension should be dealt with by a conference of the county borough, county district and county medical officers concerned.
 - (d) The county district medical officer cannot deal with an outbreak himself; he needs the assistance from outside arranged through the officers of the County Health Department.
 - (e) Some clear cut arrangements for public relationship must be prepared in advance to prevent contradictory Press statements and confusion in the public mind. It would also lead to a better possibility of a common policy throughout the area. Daily prepared statements for the Press are considered desirable. Ex-directory telephone lines during an epidemic are invaluable to the medical officer of health.
 - (f) It is essential that medical officers of health should accept the need for a common policy.

- (iii) *Transmission of information between local authorities.* Both the last two incidents showed the tremendous amount of work involved in sending out information about contacts from the authority where primary cases had occurred. Even if use is made of contact forms there are many occasions when further technical information about the degree of contact is needed. It is suggested that consideration should be given to the secondment of a senior medical officer from an authority not deeply involved to act as a liaison officer between the authority where cases have occurred and other authorities. It is suggested that this officer could conveniently be from the staff of the county authority concerned, since the county authority surrounding the trouble spot will inevitably be involved directly at some stage.
- (iv) *Operational Plans.* Some authorities have drawn up detailed plans of action to be taken in the event of an outbreak of smallpox. It is recommended that all authorities should consider making such plans concerning their internal arrangements and exchanging information about them.

RECOMMENDATIONS

1. On the occurrence of a case of smallpox an advisory committee constituted as follows should be convened—

The members of this Working Party as currently constituted or amended by the Medical Officers of Health Liaison Committee.

The medical officer of health of the county borough or county district where the case has occurred, the medical officer of health of the appropriate county council, and the medical officer of health of any other county borough closely concerned.

This Committee should be available to advise on—

- (a) Vaccination policy in districts adjoining an area where smallpox has occurred.
 - (b) The availability of vaccine lymph for issue to general practitioners for general vaccinations.
2. Lymph supplies should not be issued to factory doctors except as a part of contact or community vaccination. These supplies should be issued through the medical officer of health.
 3. An approach should be made to the Ministry of Health suggesting that in future incidents greater control of central reserves and the supply to unaffected areas should be imposed.
 4. The arrangements should continue whereby the West Riding County Council Ambulance Service is responsible for admitting patients destined for Oakwell Hospital and the Hull County Borough Ambulance Service for admitting patients destined for Castle Hill Hospital.
 5. Medical officers of health in the region should contact the Leeds Public Health Laboratory before sending specimens to any other laboratory.
 6. A senior medical officer from the appropriate county authority should be made available to carry out liaison between the authority primarily involved and other authorities, and with the Press if desired by the medical officer of health concerned with the incident.
 7. Whenever possible authorities should prepare an internal operational plan and exchange information about it with other authorities, at an early date.

SHEFFIELD REGIONAL HOSPITAL BOARD LIAISON COMMITTEE
REPORT OF SUB-COMMITTEE ON CONTROL OF SMALLPOX

Chairman	Dr. R. W. Elliott
County M.O.H.	Dr. C. D. Cormac
County Borough M.O.H.	Dr. C. H. Shaw
County District M.O.H.	Dr. W. C. Ward
Public Health Laboratory Service	Dr. E. H. Gillespie
Sheffield Regional Hospital Board	Dr. N. Broughton
Smallpox Consultant	Dr. P. J. Moroney
General Practitioner Interest	Dr. E. D. Robb
Chairman, Liaison Committee	Dr. R. J. Donaldson
Secretary, Liaison Committee	Dr. G. A. W. Neill

The Working Party was set up as recommended in the *Memorandum on the Control of Outbreaks of Smallpox* to ensure co-ordination of effort between the officers of the various bodies which would be involved in an outbreak of smallpox occurring in the Sheffield Region.

Although the memorandum is to be regarded as being largely a document for the use of the individual medical officer of health, the following statements in it suggest that an effort should be made to obtain common policy throughout the region in the face of smallpox which does not respect boundaries of authorities;

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para 41. “ Incidents which appear to be well under control do not necessarily call for co-ordinated efforts between neighbouring districts but it may be desirable at an early stage of an outbreak to reach agreement with other authorities not directly involved, particularly as regards extension of vaccination and general public relations.”

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this advice, since he is otherwise preoccupied, but he should have a priority allocation of vaccine so that he can proceed to vaccinate contacts, and their contacts without delay.

Once local schemes are formulated the Working Parties could go into recess until the threat actually arises; at that time consideration should be given to ensuring that the Press are properly informed as to the local position."

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Normal stocks should be sufficient for (1) and (2). The medical officer of health concerned should decide what categories of persons are included as contacts, and issues of lymph to general practitioners asked to vaccinate contacts will be through him.

If the question of community vaccinations (3) has to be considered by the responsible medical officer of health, advice may become necessary for, amongst other things the best utilisation of the vaccine lymph available. The memorandum has suggested that this might be given by a nominated medical officer of health. The sub-committee, however, feel that more effective advice would come from an advisory committee consisting of members of the local authority service, the hospital service and the public health laboratory service with perhaps the addition of general practitioner representation. It would appear that the present sub-committee with the addition of the medical officer of health of any county, county borough or county district where a case has occurred would provide the basis of such an advisory body. The constitution of the sub-committee should be reviewed annually by the Liaison Committee.

General vaccinations (4) will doubtless present some difficulty. However, the control of the distribution of lymph, by reason of the authority contained in Ministry of Health Circular No. 6/67 has now been vested in the medical officer of health of the health authority. General vaccination can only be carried out by general practitioners using lymph from public supplies when the medical officer of health agrees. A policy relating to releases of lymph to general practitioners should be decided by the advisory committee at its initial meeting in the event of an outbreak and be subject to review thereafter.

Supplies to factory doctors present a special problem and it is suggested that as far as possible they should be issued only when—

- (a) Community vaccination is being carried out.
- (b) Factory personnel are regarded as contacts (direct or indirect).

Any supplies issued to factory doctors will be through the medical officer of health of the health authority concerned.

2. Laboratory facilities for the diagnosis of smallpox

There is no smallpox diagnosis centre designated by the Ministry of Health in the Sheffield Region.

Designated laboratories are as follows:—

- | | | |
|------------------|---|---|
| <i>Leeds</i> | — | electron microscope facilities not yet available. |
| <i>Newcastle</i> | — | electron microscope facilities not yet available. |
| <i>Liverpool</i> | — | equipped with electron microscope. |

When smallpox diagnostic facilities from any of these centres are sought the medical officer of health concerned is advised to get into contact with the director of his local public health laboratory in the first instance to enable certain virological work to be instituted. Dr. Gillespie of the Sheffield Public Health Laboratory (or in his absence his deputy) has undertaken to advise medical officers of health and smallpox consultants of the latest position regarding laboratory diagnostic facilities and should be contacted whenever such facilities are required. *Birmingham*, though not officially recognised by the Ministry of Health, would be approached if the need arose as electron microscope facilities are available.

3. Transport of patients by Ambulance

It is agreed that two authorities, Sheffield in the north of the region and Leicestershire in the south of the region will accept responsibility for transport of smallpox or suspected smallpox cases to the smallpox hospitals.

The Leicestershire Ambulance Service will cover Leicestershire and Leicester City with Rutland, South Nottinghamshire, South Derbyshire, Nottingham and Derby County Boroughs, Holland and Kesteven. The Sheffield Ambulance Service will cover the rest of the region.

4. Hospital and Consultant arrangements

The medical officer of health in whose area a suspect case occurs should in the first place contact the smallpox consultant (or member of the advisory panel).

The first line hospital for the Sheffield region is
Hallwood Hospital,
High Green,
near Sheffield.

The second line hospital is
Ingbirchworth Hospital,
near Penistone.

On the need for hospital accommodation for smallpox being required

1. Lodge Moor Hospital, Sheffield should be notified by telephone
(Tel. No. Sheffield 33941)

Dr. P. J. Moroney is a member of the smallpox advisory panel and is the consultant in charge of Hallwood Hospital. He is available by telephone at this hospital or at his home—Sheffield 364993.

2. The Senior Administrative Medical Officer, Sheffield Regional Hospital Board (or his deputy) should be advised immediately, Tel. No. Sheffield 32937.

It is estimated that Hallwood will be ready to receive patients within two hours of being notified. As it is the view of the sub-committee that ambulance crews should go into quarantine, accommodation will be provided in caravans for ambulance crews at Hallwood Hospital.

The Regional Hospital Board proposes to set up a Press liaison office at the Board's Headquarters.

5. Co-ordination of action and Press relations etc.

Several aspects of co-ordination and public relations were considered in the light of recent experience. The importance of an early meeting between all concerned in the area was accepted. The issuing of statements to Press, etc., by the medical officer of health concerned and by the Regional Hospital Board with regard to the condition of patients has worked well. The following points were made—

(i) *Vaccination policy*

A co-ordinated policy between different authorities is essential. Apart from the meeting referred to above, this will be achieved through the advisory committee referred to in paragraph 1.

(ii) *County Districts*

Special problems arise in county districts and the following points have been made—

- (a) Common policy throughout the region is essential in the light of the limited responsibilities of the medical officer of health of a county district who has statutorily to deal with the case and the contacts, and the wider extension of vaccination should be the responsibility of the county.
- (b) County Borough and County Districts could be brought completely into line as regards (a) above if there were an agreed policy of ring vaccination.
- (c) Any extension should be dealt with by a conference of the county borough, county district and county medical officers concerned.
- (d) The county district medical officer cannot deal with an outbreak himself; he needs the assistance from outside arranged through the officers of the County Health Department.
- (e) Some clear cut arrangements for public relationship must be prepared in advance to prevent contradictory Press statements and confusion in the public mind. It would also lead to a better possibility of a common policy throughout the area. Daily prepared statements for the Press are considered desirable. Ex-directory telephone lines during an epidemic are invaluable to the medical officer of health.

(f) It is essential that medical officers of health should accept the need for a common policy.

(iii) *Transmission of information between local authorities*

Recent incidents showed the tremendous amount of work involved in sending out information about contacts from the authority where primary cases had occurred. Even if use is made of contact forms there are many occasions when further technical information about the degree of contact is needed. It is suggested that consideration should be given to the secondment of a senior medical officer from an authority not deeply involved to act as a liaison officer between the authority where cases have occurred and other authorities. It is suggested that this officer could conveniently be from the staff of the county authority concerned, since the county authority surrounding the trouble spot will inevitably be involved directly at some stage.

(iv) *Operational Plans*

Some authorities have drawn up detailed plans of action to be taken in the event of an outbreak of smallpox. It is recommended that all authorities should consider making such plans concerning their internal arrangements and exchanging information about them.

RECOMMENDATIONS

1. On the occurrence of a case of smallpox an advisory committee should be constituted from a meeting of members of this sub-committee plus the medical officer of health of the county borough, county division or district in which the case has occurred, together with the county medical officer of the surrounding county.

This advisory committee should be available to

- (a) advise the various authorities concerned on vaccination policy in districts adjoining an area where smallpox has occurred.
 - (b) consider the availability of vaccine lymph for issue to general practitioners.
2. Lymph supplies should only be issued to factory doctors as a part of contact or community vaccination.
 3. Arrangements should be instituted whereby
 - (a) Leicestershire Ambulance Service is responsible for conveying cases to Hallwood Hospital from Leicestershire and the County Borough of Leicester, South Derbyshire and the County Borough of Derby, South Nottinghamshire and the County Borough of Nottingham, Holland, Kesteven and Rutland.
 - (b) The Sheffield Ambulance Service is responsible for the conveyance of cases to Hallwood from the rest of the region.

The exact boundaries of the areas of responsibility to be defined by the medical officers of health concerned.

4. Medical officers of health should contact their local public health laboratory and Dr. Gillespie (or his deputy) at the Sheffield Laboratory (telephone no. Sheffield 387253)—private telephone nos.—Dr. Gillespie—Chesterfield 6443, deputy (Dr. Margaret A. Wilson)—Sheffield 35485—who will advise of the most expeditious means of obtaining laboratory diagnostic facilities.
5. A senior medical officer from an appropriate authority should be available for liaison duties between the authority primarily involved and with the Press and other bodies if desired by the medical officer of health concerned with the incident.
6. Wherever possible, authorities should prepare an operation plan and exchange information regarding it with other authorities at an early date.

ATTACHMENT OF LOCAL HEALTH AUTHORITY NURSING STAFF TO GENERAL PRACTITIONERS

This report is based on two papers by Dr. Brewin, Principal Medical Officer, and Dr. Clow, Senior Departmental Medical Officer, and has been prepared by Dr. Clow on behalf of both authors.

Attachment schemes first began in the County some seven years ago and have expanded considerably since the policy of whole hearted co-operation with general practitioners was adopted in 1964. Throughout the year the attachment to general practitioners of all branches of the nursing staff has continued to increase. This has been particularly evident in the field of health visitors and home nurses and recently attempts have been made to evaluate these attachment schemes.

In the first of two articles recently published in the *Medical Officer* and reproduced here,¹ Dr. Brewin compared the answers to a questionnaire submitted to all members of the field nursing staff in October, 1964, and October, 1967. This questionnaire asked seven questions relating to the degree of communication between general practitioners and local health authority nursing staff (both attached and unattached). This survey showed that unattached health visitors were becoming even more isolated from the main stream of communications in 1967 than in 1964. In addition it demonstrated that despite attachment the health visitor did not enjoy the same freedom of communication with general practitioners as did the home nurse and midwife. There was evidence however, that mutual acceptance by general practitioners and health visitors was on the increase.

A further interesting point was that in 1967 there was a fairly uniform rate of contacts between attached health visitors and general practitioners, whether the latter had independent surgery accommodation or used local health authority clinics as surgery premises.

The contacts of attached home nurses with general practitioners showed little change over the three years but the unattached staff had considerably increased their face-to-face contact with practitioners at their surgeries. Due to the gradual decline in domiciliary cases the attachment of midwives is on a small scale and only involves large groups of general practitioners. However, those that are attached have considerably greater face-to-face contact with the general practitioners. In the second article by Dr. Clow² a survey of the work of unattached and attached health visitors in six divisions of the Riding is described. This was carried out in November, 1966 and the direct comparisons between the two groups of health visitor could be made. It was found that the attached health visitor did an increased amount of clinic work (both in local health authority clinics and in general practitioner's surgeries), but their home visiting was 18 per cent. less than their unattached colleagues. In addition the attached nurse spent more time in consulting both her professional and lay colleagues. Travelling time was more or less the same in both groups but the attached health visitor had a larger mileage (this was a significant negative finding in that several authorities opposed to attachment had postulated that it would lead to a considerable waste of professional time in travelling). It also emphasised that a car was almost essential for an attached nurse, a fact which has been recognised by the Health Committee and by other authorities such as Oxford and Hampshire where attachment is widely practised.

Other findings which were common to both sets of health visitors were as follows:

1. That all age-groups of the population seem to be covered by the staff.
2. That health education activities only occupied some 2 per cent. of the working week.
3. That clerical duties took up some 20 per cent. of the health visitors' time.

Surely some moral can be drawn from these last two observations.

Thus as a result of this survey such differences as are apparent between the two groups of health visitor are marginal. However, despite these small differences two salient facts emerge; firstly that attachment has not resulted in any disruption of the service given and secondly that there has been a satisfactory increase in the personal contact between the health visitor and the general practitioner (this latter observation is corroborated by Dr. Brewin's results).

References:

1. Brewin, P. H. *Med. Offr.* 1968, 119, 171.
2. Clow, J. T. *ibid*, 1968, 119, 173.

CONTACT BETWEEN GENERAL PRACTITIONERS AND PUBLIC HEALTH NURSING STAFF IN THE WEST RIDING

P. H. Brewin, Principal Medical Officer

'ATTACHMENT' in the West Riding is defined as working within one or more complete GP lists. Policy in this respect has been pursued by increasing numbers of nursing staff since 1962.

With large numbers of staff involved in a change in their way of life, there is a need to make some assessment of the results of the change. Any one measurement of the quality of the attachments achieved cannot represent the whole story, but the following survey examines one facet in detail.

The method adopted was to make two observations, separated by an interval of three years, of the degree of contact between attached and unattached nursing staff on the one side and the GPs on the other.

A questionnaire (see page 41) was circulated to all nursing staff in the second week of October, 1964, and again in the identical week in October, 1967. On each occasion, the recipients of the questionnaire had no warning of its arrival, and the information asked for related to the three previous working days.

The results appear in the accompanying tables.

Health Visitors (see Tables I, II, VI, and VII)

Health visitors showed the greatest change in their pattern of contacts with GPs over the three-year period.

There was a marked contrast between attached and unattached health visitors, the latter remaining isolated from the main stream of communications as they were three years ago.

The attached health visitors seem, over the three-year period, to be still developing closer links and further change might be expected before a steady pattern emerges.

Table II introduces the factor of the location of surgeries used by GPs to whom health visitors are attached. These 1967 figures show that there is a fairly uniform rate of contacts, whether the attachment is based on a local health authority clinic or health centre on the one hand or on an independently-operated surgery on the other. The LHA-owned premises show an expected excess in face-to-face communication, but the total contacts are numerically greater when based on other premises if telephoning is also taken into account.

Home Nurses (see Tables III, VI, and VII)

There was almost no change in the contacts between attached home nurses and GPs over the past three years and these figures might, by virtue of their constancy, be regarded as the 'normal' rate for this working relationship.

By contrast, the unattached home nurses have raised their former considerable number of visits to GPs' surgeries over the same period to a figure above that of the attached nurses. This might be explained by their need to maintain contact with a greater number of individual GPs or practices than their attached colleagues.

Midwives (see Tables IV, VI, and VII)

Because of the constantly-declining number of domiciliary cases, few midwives can reasonably be attached to general practitioners unless they are in large groups. Subject to the small samples resulting from this, there is much greater frequency of face-to-face contacts by the attached midwives than their unattached colleagues.

Home Nurse/Midwives (see Tables V, VI, and VII)

The County employs only a few of this category of staff and the survey samples are too small for reliable conclusions. The figures show low rates of face-to-face contact for both attached and unattached, with the former having a small majority. There is a sizeable exchange by telephone, which reflects the distances necessarily covered in their daily work in sparsely-populated, rural areas. It also raises the possibility that radio communication might be the best provision under the circumstances if the GPs were similarly equipped.

CONCLUSIONS

This survey measures only one aspect of attachment policy and, in particular, it does not measure efficiency in work. Within its limitations, it shows that failure to attach health visitors leaves them in an isolated position. Even with attachment, the health visitor has so far failed to reach the stage of free communication with GPs enjoyed by her home nurse and midwife colleagues. There is evidence, however, that mutual acceptance by GPs and health visitors is still developing.

Other staff are affected in their contacts to a lesser degree by attachment. The renting of LHA buildings for surgeries does not appear to markedly affect the number of contacts made by attached health visitors with their GPs.

SUMMARY

A survey of contacts between GPs and all public health nursing staff in the West Riding County Area was made in 1964 and repeated in 1967. Figures are given relating to attached and unattached staff. The effect on contacts made by attached health visitors when GPs hold surgeries in rented LHA premises is contrasted with those doing so in other premises.

TABLE I
Health Visitor Contacts with General Practitioners

	ATTACHED Staff		UNATTACHED Staff	
	October 1964	October 1967	October 1964	October 1967
No. of staff involved	53.5	146.5	204.5	115.0
(i) No. of visits to any GP's surgery (per 100 HVs per day)	34.0	40.2	6.3	9.8
(ii) No. of GPs spoken to at LHA clinics and in patients' homes (per 100 HVs per day)	18.8	25.7	15.6	17.3
(iii) No. of telephone calls to GPs (per 100 HVs per day)	22.6	30.4	16.3	15.6
(iv) No. of telephone calls from GPs (per 100 HVs per day)	15.0	25.0	7.6	6.3
(v) No. of letters to GPs (per 100 HVs per day) ...	Nil	2.5	1.1	2.0
(vi) No. of letters from GPs (per 100 HVs per day) ...	1.8	2.2	1.2	1.7

TABLE II
Contacts by ATTACHED Health Visitors (October, 1967) according to location of surgeries

	Staff ATTACHED where surgeries in LHA shared premises	Staff ATTACHED where surgeries outside LHA premises
No. of staff involved	38.5	108.0
(i) No. of visits to GP's surgeries (per 100 HVs per day)	40.6	40.1
(ii) No. of GPs spoken to at LHA clinics and in patients' homes (per 100 HVs per day)	30.3	24.0
(iii) No. of telephone calls to GPs (per 100 HVs per day)	13.8	36.4
(iv) No. of telephone calls from GPs (per 100 HVs per day)	13.8	29.0
(v) No. of letters to GPs (per 100 HVs per day) ...	2.5	2.4
(vi) No. of letters from GPs (per 100 HVs per day) ...	3.4	1.8

TABLE III
Home Nurse Contacts with General Practitioners

	ATTACHED Staff		UNATTACHED Staff	
	October 1964	October 1967	October 1964	October 1967
No. of staff involved	16.5	102.0	207.0	123.5
(i) No. of visits to any GP's surgery (per 100 HNs per day)	32.1	35.9	31.6	46.9
(ii) No. of GPs spoken to at LHA clinics and in patients' homes (per 100 HNs per day)	54.5	54.2	33.1	37.2
(iii) No. of telephone calls to GPs (per 100 HNs per day)	33.9	38.5	37.8	40.7
(iv) No. of telephone calls from GPs (per 100 HNs per day)	38.1	33.3	31.0	29.4
(v) No. of letters to GPs (per 100 HNs per day) ...	Nil	2.9	2.7	7.8
(vi) No. of letters from GPs (per 100 HNs per day) ...	4.0	6.8	11.5	11.0

TABLE IV
Midwife Contacts with General Practitioners

	ATTACHED Staff		UNATTACHED Staff	
	October 1964	October 1967	October 1964	October 1967
No. of staff involved	14.0	41.5	181.0	134.5
(i) No. of visits to any GP's surgery (per 100 Ms per day)	37.8	33.7	14.3	19.3
(ii) No. of GPs spoken to at LHA clinics and in patients' homes (per 100 Ms per day)	50.0	57.0	39.0	41.6
(iii) No. of telephone calls to GPs (per 100 Ms per day)	32.8	44.1	42.3	40.1
(iv) No. of telephone calls from GPs (per 100 Ms per day)	4.7	8.0	11.6	10.4
(v) No. of letters to GPs (per 100 Ms per day) ...	2.3	0.8	5.8	3.2
(vi) No. of letters from GPs (per 100 Ms per day) ...	2.3	Nil	0.8	0.7

TABLE V

Home Nurse/Midwife Contacts with General Practitioners (Staff employed in rural areas only)

	ATTACHED Staff		UNATTACHED Staff	
	October 1964	October 1967	October 1964	October 1967
No. of staff involved	2.0	11.5	48.0	31.0
(i) No. of visits to any GP's surgery (per 100 HN/Ms per day)	50.0	24.2	15.0	19.3
(ii) No. of GPs spoken to at LHA clinics and in patients' homes (per 100 HN/Ms per day) ...	80.0	33.3	22.0	31.1
(iii) No. of telephone calls to GPs (per 100 HN/Ms per day)	115.0	63.6	41.6	30.1
(iv) No. of telephone calls from GPs (per 100 HN/Ms per day)	33.0	69.6	26.2	26.8
(v) No. of letters to GPs (per 100 HN/Ms per day) ...	Nil	Nil	3.3	1.0
(vi) No. of letters from GPs (per 100 HN/Ms per day)	Nil	3.0	9.5	3.2

TABLE VI

Face-to-face Contacts with General Practitioners by different categories of nursing staff (October, 1967)

(i.e. (i) + (ii) from Tables I, III, IV and V)

	ATTACHED Staff	UNATTACHED Staff
HVs (contacts per 100 HVs per day)	65.9	27.1
HNs (contacts per 100 HNs per day)	90.1	84.1
Ms (contacts per 100 Ms per day)	90.7	60.9
HN/Ms (contacts per 100 HN/Ms per day)	57.5	50.4

TABLE VII

Total Contacts with General Practitioners by different categories of nursing staff (October, 1967)

(i.e. (i) + (ii) + (iii) + (iv) + (v) + (vi) from Tables I, III, IV and V)

	ATTACHED Staff	UNATTACHED Staff
HVs (contacts per 100 HVs per day)	126.0	52.7
HNs (contacts per 100 HNs per day)	171.6	173.0
Ms (contacts per 100 Ms per day)	143.6	115.3
HN/Ms (contacts per 100 HN/Ms per day)	193.7	111.5

Report on the Extent of Communication Between Public Health Field Staff
and General Practitioners

Please answer *every question* clearly on the same day that you receive this form.

Division No.....

Name..... (Miss/Mrs.)

Nearest clinic to the bulk of your patients.....

Type of employee: Home Nurse; Midwife; Health Visitor;
 Assistant Health Visitor; Home Nurse/Midwife

Are you a whole-time employee ? Yes/No

Are you a car user ? Yes/No

Have you been attached by your Divisional Medical Officer to one
or more general practices ? Yes/No

IN THE PAST THREE WORKING DAYS—

1. How many visits have you made to any general practitioners' surgery sessions for discussions on aspects of your work ?
.....
2. How many telephone calls have you made to general practitioners in connection with your work ?
.....
3. How many telephone calls have you received from general practitioners about their patients ?
.....
4. How many letters have you sent to general practitioners in connection with your work ?
.....
5. How many letters have you received from general practitioners about their patients ?
.....
6. How many general practitioners have you spoken to at clinic sessions or in a patient's home in connection with your work ?
.....
7. If attached by your Divisional Medical Officer to one or more particular practices—
 (a) How many practices do you work for ?

 (b) How many general practitioners in each ?

Please check that you have answered *ALL* questions clearly and return the form to Divisional Office as soon as possible.

ATTACHMENT OF HEALTH VISITORS TO GENERAL PRACTITIONERS

J. T. Clow, Senior Departmental Medical Officer

Health visitor attachment and liaison first began in the West Riding in 1961 when a trial liaison scheme in Division No. 26 (Wath upon Dearne) soon blossomed out into generalized health visitor attachment throughout the area. At about the same time, a very comprehensive attachment scheme began in Keighley, to be followed by further experiments in Harrogate and Knaresborough (Division No. 7), but it was not until 1964, when the Health Committee embarked on a policy of wholehearted co-operation with general practitioners, that health visitor attachment became widespread throughout the County.

All the attachments within the West Riding are partial since the health visitor is also a school nurse and could not devote all her time to a general practitioner's list. Nevertheless, the health visitor who is attached ceases to cover a specific district and becomes responsible for the patients of the general practitioners to whom she has been allocated.

THE SURVEY

In 1966, it was felt that it would be useful if some attempt were made to assess whether there had been any reorientation in the deployment of the health visitor as a result of attachment. Accordingly, in September, 1966, after several meetings of the county nursing officer, interested divisional nursing officers and myself, a pilot survey took place in the Harrogate area (Division No. 7) to test the validity of the survey forms.

The essence of the survey was that it should be conducted in a diary form using a coded pro forma for the various activities of the health visitor. The diary would enable a careful check to be made on the timings of each activity, as a number of writers have postulated that attachment involves considerable expenditure of time on travelling.

The activities of the health visitor were divided into seven main groups, viz:—

1. Visits to expectant mothers and under-fives.
2. Visits to persons aged 65 and over.
3. Miscellaneous visits.
4. Attendance at clinics.
5. School health work.
6. Formal health education.
7. Miscellaneous activities such as travelling (this included time spent on abortive visiting), clerical work (both survey and routine), telephoning, visiting general practitioner's surgeries, and consultations with colleagues.

Some nine health visitors took part in this pilot survey which lasted a week. After the results of the pilot survey had been digested and the necessary amendments made to the pro forma, the final arrangements for the full survey were made.

This main survey took place in the third week of November, 1966. The particular week was a fairly typical one in the divisions surveyed; there were no school holidays which might distort the picture and it was felt that November was not an unduly slack or busy month so far as the general practitioners were concerned.

A total of 48 health visitors from six separate health divisions took part (24 attached and 24 unattached) and thus direct comparisons could be made between the activities of each group.

As will be seen from Table I, to a certain extent a process of selection had to be applied. In several divisions, little progress had been made in the attachment of staff; in others, there was a mixture of attached and unattached nurses, whilst in others attachment was more or less complete. As it so happened, the divisions which took part in the survey were fairly representative of the county as a whole. They were as follows:—

Division No. 1 (Skipton). This is a mainly rural area. Here the attached health visitors all work with groups of between three and six practitioners.

Division No. 5 (Horsforth). This is a mixed rural and urban area but the main population of the division is in the densely-populated region north-west of Leeds and between Bradford and Leeds.

Division No. 11 (Castleford). This is entirely urban.

Division No. 13 (Morley). This is mainly urban, but there are a few rural areas.

Division No. 16 (Rothwell). Again, this is mainly urban but, since it extends north and east of Leeds, some rural areas are included.

Division No. 22 (Wortley). This is a mixed urban and rural division, north and north-west of Sheffield.

All 48 health visitors taking part had cars except for three nurses, two of whom walked and the third used a bicycle.

As will be seen from Table I, nearly every division has some establishment of assistant health visitors (both full and part-time) and part-time health visitor/school nurses. In most divisions, this assistance is shared amongst the whole-time staff or these assistants may be employed in clinic duties, chiropody, and home help visits. However, in Division No. 13 (Morley), the assistant health visitors do all the home help visits for the attached health visitors (this will be discussed in the assessment of the results).

Three fieldwork instructors were included in the survey; two were attached and one was unattached. Thanks to the extra evening work put in by these instructors in the way of preparation for their students, I do not think there was undue distortion of the visiting pattern as a result of the pupil's presence. This was not apparent in the survey.

All the attached health visitors taking part in the survey, apart from two, are attached to practices of two principals or more, and half are attached to three practitioners or more.

The third week in November was rather inclement and several of the participants had to have odd half days off as a result of upper respiratory episodes, but identical days were worked the following week to compensate for this loss of time, and I have no reason to believe that this substitution caused any distortion in the results.

In the weeks preceding the survey, I personally explained to every participant the objects of the survey. It was emphasized that accurate timing of every activity was essential and that their normal routine work should be carried out. As in the pilot survey, two days of the previous week were used to accustom the staff to the method of recording. I am sure this paid dividends in the ultimate ease with which the forms were completed and in their accuracy.

RESULTS OF THE SURVEY

These are contained in Tables II—VI.

GENERAL COMMENT ON VISITING

It will be seen that the attached health visitors did considerably less visiting than the unattached—257 less in all. This resulted in the unattached nurses spending about 4 per cent. more of their working week on visiting in general. This would tend to bear out the statement that attachment leads to less home visiting, but this loss in visiting time is set against the increased time that the attached nurse spends with the general practitioner and liaising with her professional colleagues. It is not due to the increased travelling time that attachment was thought to involve.

Another general point which is relevant to both groups is the marked re-deployment of the health visitor away from the traditional maternity and child welfare visiting. As can be seen from the figures, all age-groups in the community seem to be covered by health visitors in the West Riding. This is in marked contrast to the figures given in the surveys conducted by the Working Party appointed to inquire into health visiting in 1953 (HMSO 1956), Akester and McPhail's survey in Leeds in 1962, and T. M. Ryan's (1964) analysis of health visiting statistics for England and Wales 1953-62. In all these surveys, figures between 75 and 80 per cent. were quoted for visits to expectant mothers and under-fives, and contact with other age groups (particularly the elderly) was relatively small.

(a) *Visits to expectant mothers and under-fives.*

These visits constituted some 54 per cent. of the visits undertaken by the attached nurse and 58·6 per cent. of those carried out by the unattached nurse, but the latter carried out over 200 more than her attached colleague. The mean time spent at a visit was greater for the attached health visitor but only marginally so.

(b) *Visits to patients aged 65 and over.*

Here again, the attached health visitor did less than the unattached. However, in this section it should be noted that in one particular division (Morley) only the attached nurses have their home help visits done by the assistant health visitors; the unattached group have no such assistance. The figures for home help visits in this division were—unattached health visitors 76, attached health visitors 13. This difference of some 63 visits would tend to distort the picture of visiting in this particular age-group, as in all the other divisions involved in the survey the assistant health visitors are deployed throughout each division assisting their attached and unattached colleagues alike.

Much justifiable criticism has been levelled at the policy of the West Riding Health Authority in adopting this system of home help assessment and supervision. It has been felt that this method is a waste of the skills of a highly-trained nurse and only recently the appointment of divisional home help organizers has been approved. However, in the current climate of financial stringency, this is likely to be delayed for upwards of a year. It would, therefore, appear that the present system will be continued at any rate for the time being.

Although the figures for visits to the elderly requested by general practitioners are only small (53 visits in the attached group and 23 in the unattached nurses), it would seem that there is a trend towards an increased coverage of this age-group by the attached health visitor.

(c) *Other visits.*

Here there were no obvious differences to be noted between the two groups. I felt it was possible that increased integration with the family doctor would have resulted in a greater number of contacts with problem families, but this was not so.

'Unspecified' visits covered many problems which would have been impossible to tabulate. There was little difference between the two groups of health visitors.

(d) *Ineffective visits.*

These were higher amongst the attached health visitors, being 211 out of a total of effective and ineffective visits of 1,561, i.e. 13.5 per cent. The unattached health visitors had 169 abortive missions—some 9.5 per cent. of a total of 1,776 effective and ineffective calls. In the attached health visitors, the time lost per HV for a full working week was about 50 minutes and the unattached about 45 minutes. (The time spent on abortive visits has been added to the travelling time for all the activities so giving a full picture of the total travelling). It would seem probable that the difference between the abortive visits in the two categories could be accounted for by the switch from a district to an area covered by the general practitioner's list, as was the case with the attached nurses. It takes some time to adjust oneself to the social habits of a new set of patients and, until a health visitor really gets the 'feel' of a practice, she will inevitably be involved in more ineffective calls.

CLINICS AND OTHER ACTIVITIES

(a) *Clinics.*

Here there was a difference in the amount of work done by each group. Attached health visitors did more clinic sessions, particularly infant welfare, and also assisted in clinics at the general practitioner's surgery. Both sets of nurses spent some time in the preparation of clinics—38 minutes per week (attached HV) and 56 minutes per week (unattached HV). This task could quite obviously be carried out by a non-trained ancillary.

The numbers of 'individual interviews' were quite small and, whilst there was a slight difference in these numbers, this was probably of no significance.

(b) *Schools.*

Here the time spent by the attached health visitor was marginally less than her unattached colleague. One might have felt that it would have decreased sharply

in the case of the attached nurse but, since all full-time health visitors in the West Riding are also school nurses, they still have considerable commitments in this direction.

Routine medical and hygiene inspections could be carried out by SRNs and SEANs, as could audiometric 'sweep' testing of the primary school child. This would leave the health visitor more time to concentrate on the task of deaf testing the very young.

(c) *Health Education.*

Here, the attached nurse did slightly more than her unattached colleague. The difference was only marginal and it is a matter for serious concern that so little of the health visitor's time (approximately 2 per cent.) can be devoted to this very vital activity.

MISCELLANEOUS ACTIVITIES

(a) *Travelling time.*

Strangely enough, this was slightly greater in the unattached group although the mileage covered by the 24 attached nurses was nearly 400 miles greater (2,113 against 1,726). Abortive visiting resulted in up to 50 minutes per week per health visitor. The two nurses who walked and the one cyclist did not appear to incur any marked increase in travelling time; in fact, the cyclist was below average.

(b) *Clerical work (routine and survey) and telephoning.*

These were almost exactly similar in both groups. I do not feel there is much to comment upon here, except to say that 20 per cent. of the health visitor's working week was spent on these activities. Simpler forms, avoidance of duplication, small tape recorders, etc. would all lead to savings in this direction.

(c) *Visiting general practitioners' surgeries and consultation with colleagues.*

In both these categories, the attached health visitor spent considerably more time than her unattached colleague. As part of her attachment, she would, of course, see the general practitioner more frequently since this direct link is part and parcel of liaison. The reason for the increased number of consultations with her colleagues is more difficult to explain. This may be due to the fact that she has to consult midwives and home nurses who are not attached to the practice or practices in which she works. Alternatively, the social content of her work may increase as a result of attachment, and thus she may be involved in more contacts with a multitude of agencies both voluntary and statutory.

SUMMARY AND CONCLUSION

This enquiry was really a pilot study of the way in which the two sets of health visitors were deployed in the West Riding and an attempt to discover if, as a result of attachment, there had been any reorientation in this deployment.

It was not possible to enter into the detailed content of each visit, the reasons for the visit, the advice given, the problems encountered, and the action taken. This obviously should be done in any complete survey to assess whether there had been any change in the content of the work done by the two categories of health visitors (on this point, it would seem probable that this will only change

as a result of new policy decisions taken in both the local health authority and general practice fields). A further point is that such a detailed analysis, if it is to be of value, would have to be carried out over several weeks at different times of the year so that all gradations of work could be covered. All this would be very onerous and would probably put too great a burden on the health visiting staff.

In this survey, the main points of difference would appear to be that the attached health visitor does an increased amount of clinic work (both at LHA clinics and in the general practitioner's surgery) but less visiting. There is a reduction in the under-five visiting but a small increase in the visits to the over-65s, if home help visiting is excluded. The attached nurse spends more time in consulting her various professional and lay colleagues; her travelling time was slightly less but her mileage was greater.

Clerical work, schools, and health education were much the same in both groups. In short, such differences as are apparent are only marginal.

However, despite these small differences, two salient facts emerge. Firstly, the change-over to attachment has not resulted in any disruption of the service and, secondly, there is a satisfactory increase in the personal contact between the health visitor and the general practitioner.

Centralization of general practitioners' facilities in group practice premises, health centres or adapted LHA clinics will further attachment schemes, as will the realization that all health visiting staff must be as mobile as the general practitioner and be provided with cars. (Both in Oxford and Hampshire, this latter proviso has been fully understood).

The general practitioner and the health visitor are the professional workers within the community who should have the greatest first-hand knowledge of the medico-social needs of that community. The pooling of this knowledge—which attachment will inevitably bring—should lead to a better service to the patient which is, after all, the primary aim of all concerned.

TABLE I
Health Visiting staff at 31st March, 1966

<i>Division No.</i>	<i>Establishment</i>	<i>Health visitor/ school nurses</i>		<i>Assistant health health visitors</i>		<i>Attachments: Whole-time health visitors only</i>
		<i>Whole- time</i>	<i>Part- time</i>	<i>Whole- time</i>	<i>Part- time</i>	
1*	18	15	1	1	5	6
3	12	8	1	1	7	8
4	15	11	—	4	—	10
5*	25	16	—	—	6	4
7†	24	18	1	2	4	12
9	12	8	2	1	4	1
10	10	7	1	1	—	—
11*	13	11	—	1	—	5
12	13	10	—	4	—	—
13*	19	13	1	4	1	6
15	10	7	—	3	1	7
16*	13	10	1	2	1	4
17	11	8	—	2	2	7
18	13	11	—	1	4	12
19	12	10	—	—	2	5
20	19	14	1	3	4	4
22*	21	11	—	8	1	5
23	15	11	—	4	—	2
25	17	12	—	5	—	1
26	24	18	—	6	—	20
27	25	16	—	4	1	—
29	8	4	—	3	—	—
31	21	14	—	2	4	—
	21 (Reserve)					
	391	263	9	62	47	119

*Division participating in main survey.

†Division participating in pilot survey.

TABLE II
Details and times of visits

Coding of effective visits								Attached health visitors		Unattached health visitors	
								No. of visits	Average time per visit (minutes)	No. of visits	Average time per visit (minutes)
<i>Visits to expectant mothers and under-fives</i>											
Expectant mothers	...	...	...	...	...	...	...	40	12.0	42	10.0
0—1	...	...	...	...	...	...	...	344	15.5	430	13.0
1—2	...	...	...	...	...	...	...	139	10.0	203	10.5
2—5	...	...	...	...	...	...	...	215	9.5	266	9.5
Totals								738	12.5	941	11.5
<i>Visits to aged 65 and over</i>											
Chiropody	...	...	...	...	...	...	...	39	10.0	37	9.0
Home help	...	...	...	...	...	...	...	163	14.5	237	15.5
Requested by general practitioner	...	...	...	...	...	...	...	53	16.0	23	16.0
Requested by voluntary organization	...	...	...	...	...	...	...	6	19.0	7	20.0
Requested by hospital	...	...	...	...	...	...	...	11	13.5	11	22.5
Requested by warden	...	...	...	...	...	...	...	8	21.5	5	13.5
Unspecified (requested by neighbours, relatives, etc.)...	...	...	...	...	...	...	...	38	14.0	54	21.0
Totals								318	14.5	374	16.0
<i>Other visits</i>											
Mentally disordered	...	...	...	...	...	...	...	8	20.5	8	18.0
Infectious or TB households	...	...	...	...	...	...	...	26	11.5	24	13.0
Hospital discharge	...	...	...	...	...	...	...	4	13.5	7	17.0
Problem families	...	...	...	...	...	...	...	33	20.5	38	16.5
Handicapped pupils	...	...	...	...	...	...	...	7	17.5	2	16.5
Follow-up of school child	...	...	...	...	...	...	...	17	12.0	28	9.0
Liaison visit to hospital	...	...	...	...	...	...	...	7	62.0	3	70.0
Divisional health office	...	...	...	...	...	...	...	51	28.0	52	24.5
Statutory organisations and voluntary bodies	...	...	...	...	...	...	...	10	27.5	13	21.0
Housing report	...	...	...	...	...	...	...	11	20.5	6	17.0
Immigrants	...	...	...	...	...	...	...	1	20.0	—	—
Home help (other than over 65)	...	...	...	...	...	...	...	27	13.5	22	11.0
Unspecified	...	...	...	...	...	...	...	92	12.5	89	14.5
Totals								294	18.5	292	16.5
Grand Totals ...								1,350	14.0	1,607	13.5
Ineffective visits...								211		169	

TABLE III
Details and times of clinics and other activities

<i>Coding of clinics and other activities</i>	<i>Attached health visitors</i>		<i>Unattached health visitors</i>	
	<i>No. of sessions</i>	<i>Average time per session (minutes)</i>	<i>No. of sessions</i>	<i>Average time per session (minutes)</i>
<i>Clinics</i>				
Preparation of clinics	55	17.0	53	26.0
Infant welfare clinics	42	149.5	35	151.0
Immunisation and vaccination	1	105.0	1	65.0
Minor ailments	—	—	2	60.0
Specialist clinics	2	152.5	6	172.0
Clinics in general practitioner's surgery	7	100.0	—	—
Individual interviews	39	17.5	23	19.5
<i>Schools</i>				
Medical inspections	7	143.0	10	125.0
Hygiene inspections	3	85.0	7	45.0
Audiometry sessions	1	55.0	2	20.5
BCG and other immunisation	9	50.0	2	78.5
Individual interviews	15	18.0	23	22.5
<i>Health education</i>				
School talks	6	77.0	2	57.5
Mothercraft and relaxation	3	44.0	4	104.5
Other	8	59.5	8	42.5

TABLE IV
Details and times of miscellaneous activities

<i>Coding of miscellaneous activities</i>	<i>Attached health visitors</i>		<i>Unattached health visitors</i>	
	<i>No. of sessions</i>	<i>Time spent in minutes</i>	<i>No. of sessions</i>	<i>Time spent in minutes</i>
Travelling (effective visits)		8,037		8,467
Travelling (ineffective visits)		1,218		1,123
Clerical work on survey		2,867		2,412
Routine clerical work		6,535		6,752
Telephoning		1,745		1,650
Visiting general practitioner's surgery	77	1,231	6	142
Consultations with colleagues	171	1,848	69	1,298
Totals		23,481		21,844

TABLE V

Average time spent on various activities per health visitor per working week

<i>Activity</i>	<i>Attached health visitors</i>		<i>Unattached health visitors</i>	
	<i>hrs.</i>	<i>mins.</i>	<i>hrs.</i>	<i>mins.</i>
Visits to expectant mothers and under-fives	6	24	7	26
Visits to aged 65 and over	3	11	4	10
Other visits	3	46	3	23
Work in clinics	6	15	5	47
Work in schools	1	25	1	35
Formal health education... ..		45		36
Travelling (including time spent on ineffective visiting)	6	26	6	40
Clerical work:				
(a) Routine	4	32	4	41
(b) Survey	1	59	1	41
Telephoning	1	13	1	9
Liaison with colleagues and visits to general practitioners' surgeries	2	8	1	0
Totals	38	4	38	8

(These figures do not include a lunch break which varied between 45 minutes and 1 hour for all health visiting staff.)

TABLE VI

Percentage time spent on each group of activities (to one decimal point)

<i>Activity</i>	<i>Attached health visitors</i>		<i>Unattached health visitors</i>	
Visits to expectant mothers and under-fives	16.7	} 35.0	19.5	} 39.3
Visits to aged 65 and over	8.4		10.9	
Other visits	9.9		8.9	
Work in clinics	16.5		15.2	
Work in schools	3.7		4.2	
Formal health education... ..	2.0		1.6	
Travelling—effective visits	14.7	} 16.9	15.5	} 17.5
Travelling—ineffective visits	2.2		2.0	
Clerical work:				
(a) Routine	12.0		12.2	
(b) Survey	5.1		4.4	
Telephoning	3.2		3.0	
Liaison with colleagues and visits to general practitioners' surgeries	5.6		2.6	
Totals	100.0		100.0	

PART I

VITAL STATISTICS

EPIDEMIOLOGY

VENEREAL DISEASE

RESEARCH

See also Tables 1 to 41 of Appendix A

VITAL STATISTICS

Area and Population:

On the 1st April, 1967, the Sheffield Order, 1967, came into operation which had the net effect of reducing the Administrative County by 451 acres and a population of 13,823 as at the 1961 Census. The County Districts concerned were Kiveton Park R.D. which gained 5 acres containing no population; Rotherham R.D. gained 116 acres containing 234 persons; Wortley R.D. was reduced by 572 acres and 14,057 persons.

The Ordnance Survey Department is continuing the process of re-surveys in certain County Districts and at 1st April, 1967, the combined effect of this and the Sheffield Order was as follows:

	Municipal Boroughs and Urban Districts	Rural Districts	Administrative County
Area (acres)	380,329	1,226,148	1,606,477
Population:			
Census, 1961	1,187,034	450,884	1,637,918
Estimated (mid-1967)	1,246,110	504,060	1,750,170

Number of Municipal Boroughs, 13; Urban Districts, 55; Rural Districts, 21; Total 89.

Summary for 1967:

	Adminis- trative County	England and Wales
Live Births		
Number	31,555	
Rate per 1,000 population	18.0	17.2
Illegitimate Live Births per cent. of total live births ...	6.4	
Stillbirths		
Number	488	
Rate per 1,000 total live and still births	15.2	14.8
Total Live and Still Births...	32,043	
Deaths: All causes	19,673	
Rate per 1,000 population	11.2	11.2
Infant Deaths (deaths under 1 year)	607	
Infant Mortality Rates		
Total infant deaths per 1,000 total live births ...	19.2	18.3
Legitimate infant deaths per 1,000 legitimate live births	18.7	
Illegitimate infant deaths per 1,000 illegitimate live births	27.7	
Neonatal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	13.1	12.5
Early Neonatal Mortality Rate (deaths under 1 week per 1,000 total live births)	11.1	10.8
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births) ...	26.1	25.4
Maternal Mortality (including abortion)		
Number of deaths	7	
Rate per 1,000 total live and still births	0.22	0.20

Live Births:

The age-sex distribution of local areas may differ from the national structure and in order to obtain realistic comparisons between areas, weighting or comparability factors which adjust local variations are applied to the crude rates. The live birth rates as adjusted by the appropriate factors were, for the aggregates of Boroughs and Urban Districts 18·2, Rural Districts 17·7, the Administrative County 18·2, which compare with a rate of 17·2 for England and Wales.

A decade ago the ratio of illegitimate births was 3·6 and since 1959 the proportion has progressively increased to the highest level since 1945. Details of the cases dealt with under the Authority's scheme are given in Appendix A.

Stillbirths and Infant Mortality:

STILLBIRTHS:

There was an increase of 30 stillbirths and a rate of 0·8 over the previous year. During the past 20 years there has been an irregular decline in the rate in the country and the county: although the county rate is now approaching the national level there would appear to be still room for improvement.

The ratio of illegitimate stillbirths as usual was higher than the corresponding proportion for live births. Stillbirths registered as illegitimate represented 7·6 per cent. of the total stillbirths, a decrease of 0·3 per cent. from the previous year but comparing unfavourably with a rate of 6·5 per cent. in the period 1962—66.

A requirement of the Population (Statistics) Act, 1960, is that medical practitioners, or in their absence, midwives, record the cause of each stillbirth they attend, the estimated duration of the pregnancy, and the weight of the foetus, if known. The number of stillbirths allocated to cause and the corresponding rates per 1,000 total births are given in tabular form in Appendix A.

PERINATAL MORTALITY:

This is a measure of the hazards to the developing foetus during the later months of pregnancy and the infant in its first week of life. A slight set back in the downward trend occurred, the rate increasing from 25·1 in 1966; however, when compared with the annual mean of 29·0 for 1962—66 it is considered to be merely a temporary interruption.

In the deaths of infants under 1 week the involvement of prematurity is clearly underlined; 70 per cent. of the deaths at these ages and 59 per cent. of the stillbirths had a birth weight of 5½ lb. or less.

INFANT MORTALITY:

Both the deaths and rate are the lowest recorded for the administrative county. The rate, however, continues to be higher than that nationally and in certain other countries. Clearly, the irreducible minimum has not yet been reached. Since the turn of the century the rate, with few remissions has pursued a downward trend.

The major improvements in mortality were after 3 months of age; these gains, however, were partially offset by increased fatalities in the neonatal period.

Reference to Appendix A shows that the neonatal mortality rate, although increasing over the previous year, was the second lowest on record.

Illustrated graphically are the trends of the rates associated with loss of foetal and infant life during the past 12 years.

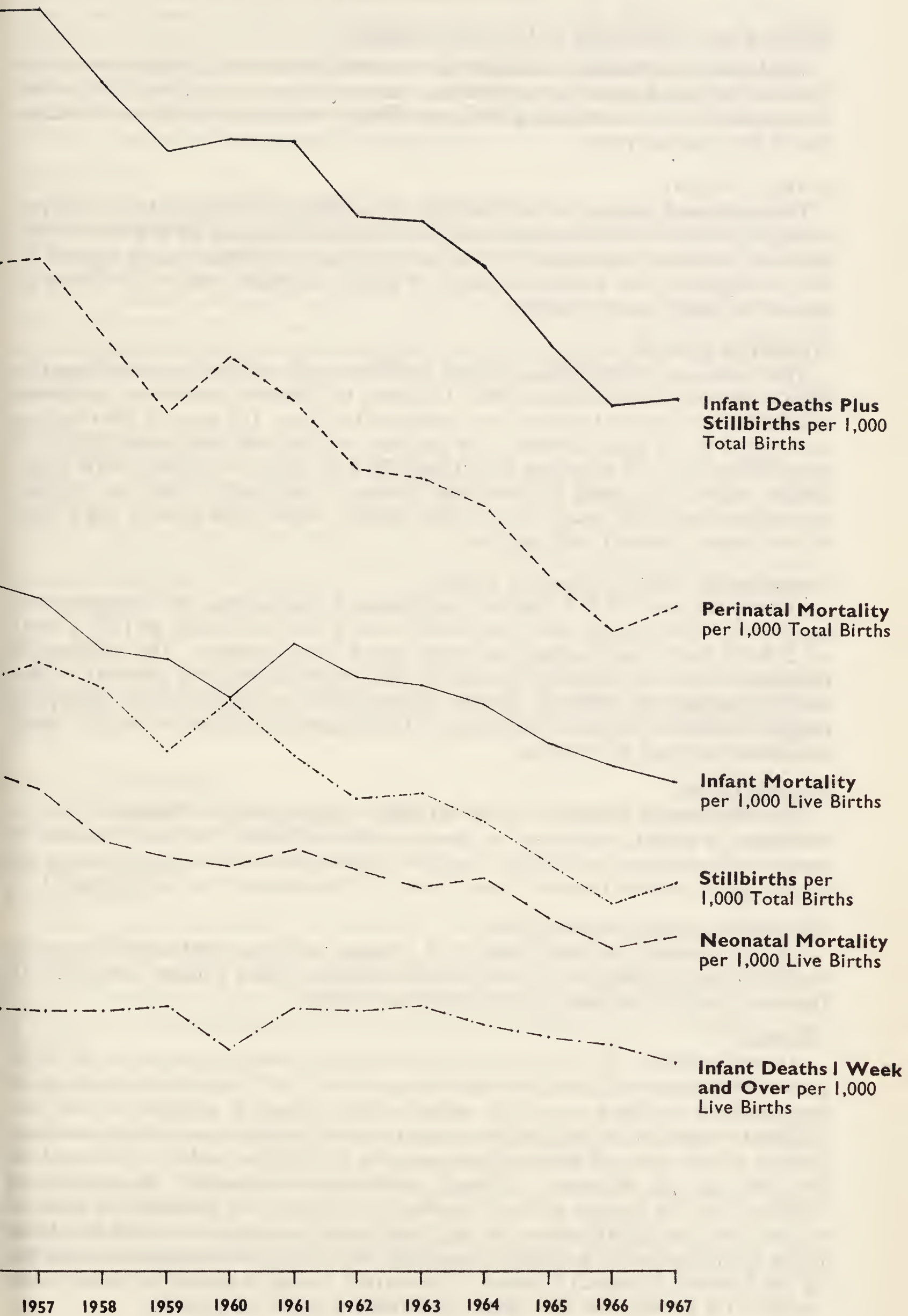
Deaths:

The death rate of 11·2 per 1,000 population is the lowest ever recorded. Compared with the previous year the major contributions to this decreased mortality were bronchitis, pneumonia and influenza. Heart and circulatory diseases were also the cause of fewer deaths, as were vascular lesions of the nervous system. The gains were again offset by increased mortality from cancers.

Lung cancers were responsible for 816 deaths, the second highest total recorded. Incidence increased with age up to 75 years with male excess mortality in the ratio of 7 : 1. Few people are now unaware of the positive correlation between cigarette smoking and lung cancer, yet many continue the habit. In December, 1967, in a letter to Medical Officers of Health, Sir George Godber, Chief Medical Officer, Ministry of Health, summarised the position with clarity: "It is clear that abandonment of the cigarette smoking habit will lead to early and progressive improvement in health and in prospect of survival . . . The reduction of cigarette smoking amongst adults might be expected to lead to a great reduction in the number of young people who start smoking. No other public health programme of any kind offers an attainable target of a ten per cent. reduction in mortality and up to twenty per cent. reduction in morbidity . . ."

The number of deaths assigned to cancer of the stomach, breast and uterus fluctuate with no discernable trend. Mortality from leukæmia continued at a relatively high level and research is taking place in various fields towards combating the disease.

The death rates from all causes, adjusted by the comparability factors were, for the aggregates of Boroughs and Urban Districts 12·3, Rural Districts 11·5, the Administrative County 12·0, which compare with the rate of 11·2 for England and Wales.



EPIDEMIOLOGY

Incidence and Notification of Infectious Disease:

The tables in Appendix A indicate the various Statutes and Regulations under which infectious diseases are notifiable, summarise the age and sex distribution of each notifiable disease during 1967 and afford a comparison of the notifications during the past six years.

SCARLET FEVER:

The decreased number of notifications represented an attack rate of 0.65 per 1,000 population. Incidence nationally also decreased from 0.44 in 1966 to 0.40. Seasonal incidence conformed to the usual pattern, incidence being highest in the first quarter. By far the majority of cases were mild and were nursed at home: no deaths were reported.

WHOOPING COUGH:

There was an appreciable increased incidence with notifications reaching the highest number recorded since 1960. Contrary to the usual experience, incidence was highest in the third quarter and lowest in the first. The age-sex distribution conformed to the usual pattern; 7.9 per cent. of the cases were under 1 year of age, 52.7 in the 1—4 years age group, and 34.2 at ages 5—9 years with slight female excess obtaining in most age groups. Mortality from the disease has declined in recent years. The disease appears to be under control but a high risk to infants under 1 year persists.

Immunisation against Whooping Cough:

During the year 26,788 children completed a full course of immunisation against whooping cough and since facilities were first introduced in 1952 a total of 274,692 have been immunised under the County scheme. The number of children in the 0—4 years age group is 85,030, representing 75.2 per cent. of the total population in this age group. Of the 1,766 notifications of whooping cough in the 0—14 years age group 718 concerned children who had been immunised against this disease.

POLIOMYELITIS:

For the second successive year no case was reported. Whereas the low incidence in recent years may be viewed with satisfaction the need remains to secure and maintain the highest possible immunisation state of all persons up to the age of 40 also those at 'special risk' if the disease is to be eradicated.

Vaccination against Poliomyelitis:

At the year end, the total number of persons protected against poliomyelitis in the County taking into account both Salk and Oral vaccine was 805,737 representing 78.7 per cent. of the age group eligible.

MEASLES:

As was expected, the out-of-cycle minor epidemic which occurred in the later part of 1966 persisted through to the first quarter of 1967; thereafter, notifications progressively declined month by month. The disease is ubiquitous and few children escape far beyond their entrance to school without contracting measles; indeed, 62 per cent. of the notifications were of children under 5 years and 34 per cent. aged 5—9 years. Although prevalence remains high the number of deaths from the disease in recent years has fallen to the present low level of around two per 10,000 cases. In my three previous reports a review has been given of the Authority's participation in the trials of measles vaccines conducted by the Medical Research Council. The current trial is to assess the value of the vaccines for general use and further reference is made on page 63.

DIPHTHERIA:

For the third successive year no case was reported. This satisfactory situation must not, however, foster complacency for, while the disease is no longer epidemic in this country, small localised outbreaks continue to occur indicating that there is still a residue of infection to be eliminated. Society tends to neglect diseases once they are under control and there is still the need for constant vigilance and the continuation of our propaganda efforts to secure and maintain effective protection of our child population.

DYSENTERY:

There was only one outbreak of any significance; at a school in Saddleworth 60 cases occurred, the majority from the infant classes. From the onset, rigorous attention was paid to hygiene especially in the infant section and the outbreak was contained. It is generally accepted that the principal modes of spread are direct or indirect personal contact. The usual conception is of faecal infection being transmitted by the hands of infected persons. Although other measures may help in curtailing or combating the spread of infection, the logical method of prevention is the thorough washing of the hands after every visit to the lavatory.

MENINGOCOCCAL INFECTION:

In 1950 the designation 'cerebro-spinal fever' was replaced by 'meningococcal infection': since when the number of notifications has fluctuated but has tended to pursue a downward trend. The number notified in 1967 was the lowest recorded under either classification. All the cases appear to have been sporadic with no apparent connection. In spite of the availability of effective antibiotics, the case fatality ratio remains high; the majority of the cases are of infants when the making of an early diagnosis is difficult.

SMALLPOX:

The County was again free from the disease. The threat of importation from the many endemic areas, however, remains and parents must be reminded continually that in these days of air travel the disease could be introduced at any time.

ACUTE ENCEPHALITIS:

The three post-infectious cases represented one each from post measles, influenza, and an unidentified virus.

ENTERIC FEVERS:

Typhoid Fever:

School parties holidaying in countries bordering on the Mediterranean Sea and certain parts of Europe continue to be advised to receive protective inoculation against typhoid and paratyphoid fevers. It is also impressed on the parties that immunisation does not replace the need for normal standards and measures of hygiene. The arrangements are now accepted practice and no incidents were reported.

Paratyphoid Fever:

In recent years the majority of cases of the disease acquired in this country has been due to paratyphoid B. organisms; during the period 1962—66 the mean number of cases was 13, all of this type. In 1967 the one case confirmed was a girl aged 12 years; none of her family or close contacts showed any clinical symptoms and the source of the infection was not traced. Experience has shown that contaminated food supplies can be a major source of the infection and Medical Officers of Health are particularly alert to the possible hazards associated with imported food.

FOOD POISONING:

There was a further slight reduction in incidence. A total of 83 incidents were reported compared with 86 in 1966 and an annual average of 164 in the period 1962—66. In the table below the major microbial causes in 1967 are analysed by type of incident.

Presumed Causal Agent	Family Outbreaks		Other Outbreaks		Sporadic Cases	Total Cases
	Number	Cases Involved	Number	Cases Involved		
<i>Salmonella typhimurium</i>	—	—	1	9	5	14
Other <i>Salmonellæ</i>	—	—	—	—	7	7
<i>Cl. welchii</i>	—	—	1	42	—	42
<i>Staph. aureus</i>	—	—	—	—	1	1
Not discovered	3	8	1	2	9	19
All agents	3	8	3	53	22	83

In addition there were eleven cases of salmonella infections not food-borne.

The outbreak of salmonella typhimurium occurred in the male block of a hospital for the chronic sick, six men, a woman patient nursed in the same block and two nursing staff being infected. It was probable that the infection was introduced by a newly admitted patient. The picture was complicated by a concurrent outbreak of diarrhœa and vomiting due to staphylococcus pyogenus aureus in the hospital and the adjoining residential establishment for old people. Recommendations were made by the Medical Officer of Health for the improvement in hygiene at both establishments and by invitation he now keeps a check on the hygiene arrangements at the hospital.

Clostridium welchii was responsible for an outbreak involving 42 cases at a training centre for subnormal adults and children. Roast pork was traced as the vehicle of infection. It was believed that faulty kitchen practice—under-cooking of large joints of the meat coupled with an initial high spore contamination and a slow cooling process—was responsible.

Pre-cooking of food, especially meat and meat products, followed by imperfect cooling or storage carries an unnecessary risk of food poisoning: carelessness also is often a contributory factor. Whereas the statutory powers derived from the Food Hygiene Regulations have strengthened the hands of Medical Officers of Health the disease could be virtually abolished by strict adherence to a rigid code of kitchen hygiene and practice supplemented by clean food handling.

OPHTHALMIA NEONATORUM:

The Regulations define the disease as “ a purulent discharge from the eyes of an infant commencing within 21 days from the date of its birth ”. When cases arise it is imperative that treatment should be administered promptly if impaired vision or even total blindness is to be prevented. Each of the five cases notified responded to treatment with no loss of vision reported.

ANTHRAX:

Anthrax in humans in this country is almost exclusively an occupational disease, some five-sixths of cases occurring in the course of employments like tanning, glue, gelatine, soap and bone-meal preparations and in woollen mills and textiles. The remainder are mainly found in farming and in horticulture. Since 1960, the disease from all sources has been notifiable to medical officers of health and a total of eight cases has been notified in the Administrative County: in 1967 no case was reported. In September, 1965, the Ministry of Health issued Circular 19/65 concerning the desirability of offering active immunisation against anthrax to workers who are particularly exposed to the risk of contracting the disease. In the West Riding there are a number of factories and industries recognised as being at risk and the Authority approved the implementation of such a scheme in January, 1966.

INFLUENZA:

As the disease is not statutorily notifiable the most reliable index of morbidity is the variation in the weekly returns of new claims to sickness benefit issued by the Ministry of Social Security, supplemented by information regarding school and industrial absentees, notifications of pneumonia and deaths attributed to influenza. No outbreak of any significance was reported and at the year end there was only a slight indication of the outbreaks which were to arise in various parts of the County in the first quarter of 1968.

Tetanus Immunisation:

The total number of children who completed a primary course of protection against tetanus during 1967 was 31,789 and of this number 24,984 were born in the years 1966 and 1967. A secondary or reinforcing injection was given to 29,777 children of whom 19,410 were over 5 years and under 10 years of age. Dr. T. D. Spencer, Assistant Chief Medical Officer, National Coal Board, states that a total of 3,715 miners were fully immunised during the year compared with 5,592 in 1966. This is to some extent accounted for by a drop in the number of new entrants, most of whom are immunised at entry but it would appear that there has been less success than in 1966 in the numbers coming forward from miners who were already in the industry.

VENEREAL DISEASE

The trend in the apparent incidence of venereal disease in the Administrative County for 1967 has continued in the same pattern as that of the last five years: a gradual diminution in the number of new cases of syphilis and an increase in gonorrhœa and other conditions.

The total number of all new cases increased by 7 per cent. compared with 1966. A disturbing feature was the large increase (28 per cent.) in males with gonorrhœa. The increase in females with gonorrhœa was 19 per cent. Of 169 cases of gonorrhœa in females 54 (32 per cent.) were in girls under 20 years age. Cases in boys numbered 32 (9 per cent. of the males). However, amongst those aged 25 and over there were nearly four times as many cases of gonorrhœa in men as in women.

In previous years cases of trichomoniasis have been included under "other conditions requiring treatment" but in this report are given as a separate item. Trichomoniasis is a common sexually transmissible disease caused by a microscopic parasite. The main symptoms and signs are those of urethritis in males and vaginitis in females. The infestation is much more easily diagnosed in females, which probably accounts for the fact that there were four times as many cases found in females as in males.

The number of reported contacts of patients with venereal or sexually transmissible diseases was almost the same as in the previous year. Of the contacts reported 71 per cent. were located by the V.D. social workers and persuaded to attend clinics for examination.

The number of antenatal patients found to have positive serological tests for syphilis has been decreasing in the last decade. In 1957 there were 19 West Riding patients in this category; 13 of whom were found to have syphilis and treated at special clinics.

RESEARCH PROJECTS

Survey of Childhood Cancers:

Previous Reports have reviewed the Authority's contribution to the national surveys conducted by Dr. Alice Stewart of the Department of Social Medicine at Oxford University designed to discover the causes of childhood cancers. During the course of the surveys certain new facts have been discovered while others have acquired a new significance. The present survey includes the investigation of deaths from childhood cancers in the period 1953—67.

Although the work involved by the medical staff is most time consuming, on average at least one day being necessary to successfully investigate each case and its paired control, preliminary results indicate that this is a really worthwhile survey, and various leads have suggested fields for further research.

Currently, the deaths of children who died during the years 1961/66 are being followed up and at the year end, of the 226 cases debited to the Administrative County, investigations into 175 case/controls had been completed satisfactorily.

Measles Vaccines Trial:

In 1964 the Authority agreed to participate in a large scale trial, held under the auspices of the Medical Research Council's Measles Vaccines Committee, to investigate the degree and duration of protection afforded by measles vaccines of British manufacture. During October/November, 1964 and September/October, 1965 some 3,510 children aged 10 months to 2 years resident in the Administrative County whose parents had voluntarily agreed to them taking part in the trial received a dose of killed vaccine followed four weeks later by a dose of live vaccine, the vaccinations being undertaken by the Authority's medical officers. These children were subsequently followed up to record the frequency of reactions after vaccination and the degree of protection afforded.

The Committee's preliminary report suggested that the vaccines achieved a protection rate of about 85 per cent. and the Committee considered that these results justified making the vaccines available to doctors wishing to use them for the protection of individual children but at that time they did not advise general application for the whole community.

It is essential that the surveillance of the children should be continued to determine the quality and duration of immunity, for as yet no one can say if, or how often, booster doses may be required. Our participation in the trial is continuing and a check is kept on all vaccinated children.

Further research projects dealing with possible causative factors in retardation in the child and attachment of local health authority nursing staff to general practitioners are reported on pages 16 to 23 and 35 to 51.

The first part of the history of the United States is the period from the discovery of the continent by Christopher Columbus in 1492 to the establishment of the first permanent settlements in 1607. This period is characterized by the exploration of the continent by Spanish, French, and English explorers, and the establishment of the first permanent settlements in the eastern part of the continent.

The second part of the history of the United States is the period from 1607 to 1776. This period is characterized by the growth of the colonies, the struggle for independence from Britain, and the establishment of the United States as a new nation.

The third part of the history of the United States is the period from 1776 to 1865. This period is characterized by the American Revolution, the War of 1812, and the Civil War. This period is also characterized by the growth of the United States as a nation, and the establishment of the United States as a world power.

The fourth part of the history of the United States is the period from 1865 to 1914. This period is characterized by the Reconstruction era, the Gilded Age, and the Progressive Era. This period is also characterized by the growth of the United States as a nation, and the establishment of the United States as a world power.

The fifth part of the history of the United States is the period from 1914 to 1945. This period is characterized by World War I, the Great Depression, and World War II. This period is also characterized by the growth of the United States as a nation, and the establishment of the United States as a world power.

The sixth part of the history of the United States is the period from 1945 to 1964. This period is characterized by the Cold War, the Civil Rights Movement, and the Vietnam War. This period is also characterized by the growth of the United States as a nation, and the establishment of the United States as a world power.

The seventh part of the history of the United States is the period from 1964 to 1984. This period is characterized by the Vietnam War, the Watergate scandal, and the Reagan Revolution. This period is also characterized by the growth of the United States as a nation, and the establishment of the United States as a world power.

The eighth part of the history of the United States is the period from 1984 to the present. This period is characterized by the end of the Cold War, the Gulf War, and the Clinton administration. This period is also characterized by the growth of the United States as a nation, and the establishment of the United States as a world power.

PART II

CO-OPERATION IN THE HEALTH SERVICE

DIVISIONAL ADMINISTRATION

See also Table 42 of Appendix A

CO-OPERATION IN THE HEALTH SERVICE

Introduction:

Following the practice introduced last year this section of the report summarises the various aspects of co-operation as it affects the West Riding.

Co-operation with General Practitioners:

STANDING SUB-COMMITTEE ON CO-OPERATION:

This Committee met on four occasions in 1967 and given below are the principal agenda items:

January

1. Compulsory Admission to Hospital of Mentally Disordered Patients.
2. Foot Infections in School Children.
3. Cervical Cytology.
4. Payment for Record Cards for Vaccination and Immunisation after 1st April, 1967.
5. Hypothermia—Royal College of Physicians' Document.
6. Injections by Health Visitors.
7. Week-end Duties by Nursing Staff.
8. Deputy Representatives on the Committee.

April

1. Health Centres:
 - (a) G.P. diagnostic aids in Health Centres—pilot scheme by joint effort of Local Medical Committee and County Council.
 - (b) Under-graduate and Post-graduate training in Health Centres for general practice.
 - (c) Relationship of general practitioners and district councils.
2. Vaccination and Immunisation:
 - (a) Ministry of Health Circular No. 3/67—Changes consequential to the introduction of certain items of service payments to general medical practitioners.
 - (b) Payment for vaccination and immunisation immediately after 1st April.
 - (c) Vaccination and Immunisation Computer Scheme.
 - i General outline.
 - ii Claims and payments.
3. Clinical Research.

July

1. The West Riding Computer—Health Department Applications:
 - (a) Vaccination and Immunisation.
 - i Deaths of infants.
 - ii New claims for payments.
 - iii Extension of pilot scheme.
 - (b) Hearing Tests for Infants
2. Health Centres—Circular 7/67.
3. Programme on Health Department for Trainee Assistant G.P.
4. Re-organisation of the Department.

October

- 1. Re-organisation of the Health Department.
- 2. The National Health Service (Family Planning) Act, 1967.
- 3. Health Centres:
 - (a) Charges for rental.
 - (b) Section 21 procedure.
 - (c) Training of under-graduates.
 - (d) Diagnostic equipment—progress.
- 4. Health Visitor Immunisations.
- 5. Vaccination and Immunisation. Extension Procedure.

PREMISES FOR JOINT USE:

The number of general practitioners providing general medical services wholly or partly within the administrative area at 30th April, 1967 was 1,415 compared with 1,428 in 1966 and 1,490 in 1962. The percentage of general practitioners in group practices, however, has increased slightly as is indicated below:

WEST RIDING ADMINISTRATIVE AREA
GENERAL PRACTITIONER PRINCIPALS AND TYPE OF PRACTICE
(PERCENTAGE OF ALL PRINCIPALS)

	1st April		
	1965	1966	1967
Single-handed	17·0	18·2	15·5
Partnership of 2	38·0	37·2	36·6
Partnership of 3	26·5	26·3	27·4
Partnership of 4	10·6	11·0	11·2
Partnership of 5	4·8	4·2	5·7
Partnership of 6	2·1	2·1	2·6
Partnership of 7	1·0	1·0	1·0

New building works completed during the year were:

					Date of Completion
' E ' Type Clinics:					
Swillington	...	...	...	...	23rd January
Uppermill	...	...	...	...	8th May
' E ' Type Health Centres:					
Middlestown	...	...	...	...	7th September
Major adaptations to existing Clinics:					
Rossington	...	...	...	...	25th January
Carcroft	...	...	...	...	24th February
Thurnscoe	...	...	...	...	15th August
Edlington	...	...	...	...	29th September
Morley	...	...	...	...	3rd November

Large (special) Clinics:

Brighthouse ... 23rd March

Mini Clinics:

Crofton ... 23rd January
 Denholme... 23rd January
 Emley ... 12th September
 Sherburn ... 12th September
 Delph ... 30th November
 Cullingworth ... 30th November

The above list comprises eight buildings with main surgery accommodation for practices comprising 22 general practitioners and five buildings with branch surgeries for practices comprising 20 general practitioners. Two in the list have no general practitioner content at the time of writing and one building has both main and branch surgeries in it.

GENERAL PRACTITIONERS IN MATERNITY AND CHILD WELFARE WORK:

Participation by general practitioners in traditional public health activities is indicated below:

Employment of General Practitioners by the County Council in Infant Welfare Clinics:

				Total Doctors' Sessions	General Practitioners' Sessions	Percentage of total sessions done by General Practitioners
1963	...	...	...	12,118	5,212	43
1964	...	...	...	12,492	5,496	44
1965	...	...	...	11,761	5,844	49
1966	...	...	...	11,678	6,711	57
1967	...	...	...	11,307	6,679	59

Employment of General Practitioners by the County Council in Antenatal/Postnatal clinics:

		Total Sessions	General Practitioners' Sessions	' Midwives only ' Sessions	Percentage of total sessions done by General Practitioners
1963...	...	3,557	1,390	323	39
1964...	...	3,253	1,267	242	39
1965...	...	3,009	1,122	258	37
1966...	...	2,693	1,123	295	42
1967...	...	2,216	920	296	42

Rent-free Infant Welfare Sessions conducted in County Clinics by General Practitioners for their own patients with the Health Visitor in attendance:

			Sessions	No. of General Practitioners involved
1963	...	...	Nil	—
1964	...	...	Nil	—
1965	...	...	46	5
1966	...	...	58	6
1967	...	...	50	2

Rent-free Antenatal Sessions conducted by General Practitioners for their own patients in County Clinics:

				Sessions	No. of practices involved
1963	...	...	...	588	15
1964	...	...	...	902	25
1965	...	...	...	1,456	36
1966	...	...	...	1,643	43
1967	...	...	...	1,927	51

Midwives attending Antenatal Patients in General Practitioners' surgeries (outside clinics):

				Sessions attended	Midwives involved
1963	...	...	...	1,621	62
1964	...	...	...	1,945	67
1965	...	...	...	1,905	85
1966	...	...	...	3,600	105
1967	...	...	...	3,458	91

STAFF ATTACHMENTS:

The marked increase in the number of home nurses attached to general practitioners and the continuing trend for health visitors and midwives is shown in the following table:

Attachments of Field Staff to General Practitioners

	No. of Health Visitors attached	No. of Home Nurses attached	No. of Midwives attached
At 31st December, 1964 ...	68	33	27
At 31st December, 1965 ...	128	47	43
At 31st December, 1966 ...	140	70	45
At 31st December, 1967 ...	153.5	115	49

During the year two studies of the attachment of staff were undertaken: these are summarised in pages 35 to 51.

COMPUTERS AND IMMUNISATION:

The pilot scheme in Keighley and Wortley was very successful with 71 general practitioners taking part. At the year end of the 1,324 children who could have completed a primary course of immunisation 1,084 (81.9 per cent.) had completed the course and 151 (11.4 per cent.) partially completed. In the light of this and the pilot scheme having progressed very smoothly the decision was taken to extend the computer system for vaccination and immunisation records to the whole county and a full account of this will be given next year.

BULLETIN FOR GENERAL PRACTITIONERS:

Health Notes and the complementary *Divisional Medical Officer's Newsletter* continued to be issued quarterly.

Co-operation with Hospitals:

HOSPITAL COMMITTEES:

Inquiries as to divisional medical officers' membership of various hospital committees etc. provided the following information:

Membership of H.M.C.	...	6	Obstetrics	...	...	...	1
House Committee	...	...	4	Tuberculosis	...	...	1
Medical Advisory Committee		5	Family Planning	...	...	...	1
Maternity Services	...	...	16	Cervical Cytology	...	...	1
Infection	...	...	4	Mental Health	...	...	2
Geriatric	...	...	9	Nursing Education Committee			3
Staff	...	...	1				

Many of the comments made by divisional medical officers were of great interest, one of the most important being:

“ I am deeply concerned at the fact that very few County divisional medical officers are represented on any Hospital Management Committee or House Committee. It is unusual to find a hospital without the local Borough medical officer of health being represented, and yet in a majority of cases there is a greater County population outside the Borough.”

Obviously this highlights the matter of very great importance in co-operation of the health services particularly when our own policy of co-operation differs very markedly from that of some neighbouring health authorities. There was however, some general dissatisfaction about the efficacy of liaison committees as a means of promoting co-operation:

“ With regard to liaison committees, my views are rather different having been a member of the Maternity Liaison Committee since its inception and Chairman of the Geriatric Liaison Committee; I feel that both of these have been quite ineffective and I cannot see that they serve any great purpose as a mechanism for promoting co-operation.”

However, there was a slightly brighter side to the picture; one divisional medical officer referred to the divisional nursing officer's attendance on the Geriatric Liaison Committee as follows:

“ The divisional nursing officer's attendance at the Barnsley and Sheffield Hospital Liaison Committees is a valuable one. One of the main benefits from this contact is that we are able to put a very much better argument forward on the appalling social conditions of some of the bed-fast elderly, and I think that the geriatrician's priority list is, therefore, more accurate, i.e., we do succeed in getting some of the more appalling cases into hospital care, where otherwise they might have remained at home. This, incidentally, in the winter months is a rapidly expanding sphere of my activity. We also make better preparations for receiving discharges through this liaison arrangement.”

And again:

“ We now have a Sub-Committee which vets admissions to the General Practitioner Unit and refuses the admission of those who are considered to be in a ‘ high risk ’ category and who should in our view, be under the supervision of a consultant obstetrician. This has caused a certain amount of heart burning

among some of the general practitioners but the majority have taken it as being reasonable and sensible. It is to be hoped this procedure will eventually produce an improvement in our infant mortality and morbidity statistics."

Obviously, we cannot regard the present situation as wholly satisfactory, but taken overall the degree of representation is better than it might be. Discussions are proceeding on how this co-operation with the hospital service can be improved.

MATERNITY LIAISON COMMITTEES:

Meetings were held in Barnsley, Bradford, Dewsbury, Doncaster, Rotherham, Sheffield, Wakefield and York. Matters discussed included:

Prevention of Rhesus Haemolytic Disease, the Laboratory Service and the use of Anti-D Immunoglobulin; Central Sterile Supply Departments; General Practitioner Maternity Units and methods of booking and their staffing; Early discharge of maternity patients; The training of Pupil Midwives—new techniques permitted by Central Midwives Board to be taught to midwives and pupil midwives where appropriate.

HEALTH VISITOR ATTACHMENT TO HOSPITALS:

The overall position of this service continued unchanged. Fifty-seven members of staff in seventeen divisions visited in relation to nursing mothers, premature babies, diabetic, elderly and tuberculous patients, and, to a smaller extent, school children with varying illnesses or handicaps.

Two divisions provide written or telephone information through the Health Offices as needed, and one division is served by the liaison visitors of an adjacent division. Hospital staffs and medico-social workers appear to value these contacts with local authority staffs.

DIVISIONAL ADMINISTRATION

The divisional scheme of administration in the County was set up in 1947 and at that time consisted of thirty-one divisional areas. At the beginning of 1967 there were 22 divisions. This number has been reduced to twenty by the amalgamation of divisions 9 and 16 and of divisions 15 and 17.

The following changes have taken place in the senior divisional staff.

Divisional Medical Officers

Division No. 9 (Rothwell)	Dr. A. L. Taylor retired 31st May Dr. W. D. Dolton commenced 1st June
Division No. 15 (Batley)	Dr. J. F. Caithness retired 28th August
Division No. 27 (Doncaster)	Dr. J. Ferguson retired 17th September Dr. R. Stalker commenced 18th September

Deputy Divisional Medical Officers and Senior Departmental Medical Officers

Division No. 9 (Rothwell)	Dr. R. M. Bowker retired 28th February
Division No. 9 (Rothwell)	Dr. J. P. Stuart commenced 9th February
Division No. 11 (Castleford)	Dr. R. Chapman promoted 17th June
Division No. 12 (Pontefract)	Dr. J. E. Lee resigned 31st January
Division No. 18 (Todmorden)	Dr. D. G. Dick promoted 2nd January
Division No. 18 (Todmorden)	Dr. D. G. Dick resigned 31st October
Division No. 20 (Colne Valley)	Dr. A. Rakshit resigned 31st March
Division No. 20 (Colne Valley)	Dr. A. L. J. Cusack commenced 1st May
Division No. 27 (Doncaster)	Dr. J. A. Beal promoted 3rd June

Divisional Nursing Officers

Division No. 4 (Shipley)	Miss H. J. Watts commenced 23rd January
Division No. 23 (Hemsworth)	Miss J. Crossfield resigned 31st January Miss D. Marsh commenced 1st April
Division No. 25 (Barnsley)	Miss M. E. Pilling commenced 20th February

A list of senior staff and other details concerning each division is given in Appendix A.

The co-ordination of the work of the divisions is undertaken through the work of the Divisional Medical Officers' Conference which meets every month other than August. All major policy and its implementation is discussed at these meetings to ensure that all senior staff may make an appropriate contribution to the consideration of policy and in addition all those problems which arise in divisions are also discussed for clarification and further action.

PART III

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Ambulance

Prevention of Illness, Care and After-Care

Health Education

Social Workers

Recuperative Home Treatment

Mental Health

See also Tables 43 to 67 of Appendix A

CARE OF MOTHERS AND YOUNG CHILDREN

Dental Treatment of Expectant and Nursing Mothers and Pre-School Children:

The Chief Dental Officer reports:—

The National Health Service Act, 1961, exempted expectant and nursing mothers from charges for dentures obtained from general dental practitioners in the National Health Service, and from that time there has been a substantial annual decline in the number of this class of patient seeking treatment at County Clinics. This decline is possibly levelling off this year when 459 patients attended for treatment compared with 450 in 1966, though again there is a substantial reduction in the number of dentures provided, 280 compared with 407 in 1966. The local authority service for these patients was devised to guarantee priority treatment. It appears now that they prefer to receive this treatment in the General Dental Service.

Of greater concern is the reduction this year in pre-school children being brought to clinics for inspection. In an effort to break this apathy, in March, 1966 a pilot scheme, restricted to 4 clinics, was initiated inviting parents of 3-year-old children to bring them for examination, advice and treatment if necessary. Reponse has been disappointing so far. However, this trial run has served in assessing the work involved in each clinic and its immediate effectiveness. It has been decided that when the 3-year-old age group is available in 1970, this work be transferred to the computer. At the same time, consideration will be given to offering a definite appointment, as it is felt that the scheme as it stands, leaving this arrangement to the parent, is insufficiently positive.

Phenylketonuria:

During 1967, 30,087 babies were tested either in clinics or at home during the fourth week of life, or as soon as possible afterwards, using the 'Phenistix' test.

The test gave a positive result in 3 cases, but only 1 case was confirmed following hospital investigation. Details of this case are as follows:

Girl, L.S. born 11.12.66.

Positive 'Phenistix' test by health visitor at 3½ weeks.

Admitted to hospital 14.1.67 when dieting commenced.

Follow-up report (March, 1968).

Strictly-controlled diet; attends pædiatric clinic at 6-weekly intervals.

A small active child.

Ortolani Testing for Congenital Dislocation of the Hip:

During 1967, 69 confirmed cases of congenital dislocation of the hip were discovered by hospital staff, domiciliary midwives, health visitors, clinic medical staff and general practitioners. This makes a total of 189 confirmed cases since the Ortolani test was introduced as a routine procedure in December, 1962.

Congenital Abnormalities:

Under the national scheme for the registration of congenital abnormalities discovered at birth and recorded on the notification of birth form, 521 babies with a total of 632 abnormalities were notified.

The number of births notified during the year was 31,923, giving a percentage of 1·6 for babies with one or more congenital abnormalities.

Welfare Foods:

At 31st December, 1967, there were 302 distribution centres in the county for the issue of welfare foods, of which 240 were Child Welfare Centres.

Children Neglected or Ill-treated in their own Homes—Prevention of Break-up of Families:

Throughout the administrative county there were 86 meetings of the Co-ordinating Committees, established—under the chairmanship of the Divisional Medical Officer for the area—to co-ordinate the activities of the many statutory and voluntary organisations concerned in the welfare of children.

The arrangements made by the County Council, following the issue of the joint Circular of the Ministry of Housing and Local Government (17/59) and the Ministry of Health (4/59), to safeguard the interests of housing authorities in selected cases, where there was a danger of the families being evicted and broken-up and the children being taken into care, have continued.

The Special Sub-Committee, established by the County Council to consider those cases where applications for assistance had been made by housing authorities, continued to meet regularly and, at the end of the year, 110 families remained under review. The action taken by the Committee has helped to prevent the eviction of families from their homes and has enabled the work of rehabilitation to continue.

Day Nurseries:

There are five day nurseries in operation, which provide more than adequate accommodation to meet the established need, for reasons of health and associated socio-medical conditions, of the areas in which they are situated. The County Council's policy is to admit only the following categories:—

- (a) The young child whose mother is ill or having a baby.
- (b) The illegitimate child whose mother is required to work.
- (c) The young child of the widow who must educate and support her family unassisted.
- (d) The young child of the mother whose husband is ill.

All the day nurseries are classified as training nurseries and have provided practical training facilities for students resident in the West Riding undertaking courses for student nursery nurses organised by the County Boroughs of Leeds and Bradford.

Financial responsibility was accepted for the accommodation of seven children in day nurseries administered by the County Boroughs of Halifax, Huddersfield and Sheffield. At the end of the year, three children were in attendance.

MIDWIFERY

Institutional Midwifery:

The proportion of hospital confinements rose from 77 per cent. to 80 per cent. in the Leeds Regional Hospital Board area and from 66 per cent. to 71 per cent. in the Sheffield Regional Hospital Board area giving a County rate of 77 per cent.

Fifty-one per cent. of hospital confinements were discharged before the tenth day.

Domiciliary Midwifery:

The decline in the number of home deliveries continued in 1967 and the number of midwives in post is fewer on this account.

Attendance at antenatal clinics and classes, and the follow up of early discharges from hospital continued to occupy the midwives and they also have increased areas in which to travel.

STAFF SITUATION:

The establishment is 280 whole-time midwives. In post at 31st December, 1967:

Whole-time midwives	.....	...	...	...	180
Part-time midwives	...	...	...	...	4
Whole-time home nurse/midwives			...	...	44
Part-time home nurse/midwives	...		...	...	1
					<hr/>
					229
					<hr/>

The equivalent in whole-time midwifery is 204.5. There were 18 appointments, 19 resignations, 13 retirements, 2 midwives transferred to other services and 1 died.

IN-SERVICE TRAINING COURSES:

Two courses on 'Education for Parenthood' were held at Grantley Hall in February and October.

Altogether sixty-two midwives from West Riding, and thirty-one from adjoining county boroughs and hospitals attended.

The courses proved to be lively, the physiotherapy teaching sessions were excellent, and the demonstration and discussion sessions were a great help to the midwives in the art of teaching.

ANALGESIA:

All midwives are equipped with trilene apparatus and gas and air analgesia was rarely given.

EMERGENCY OBSTETRIC UNITS:

There were 43 reported calls on this service, mostly for difficulties connected with the third stage of labour.

HEALTH VISITING

Staff Situation:

Establishment including 16 Field Work Instructors for student health visitor training	407
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In post at 31st December, 1967:—

Qualified Health Visitors (including part-time)	280
Assistants to Health Visitors (including part-time)	112
Whole-time School Nurse	1
Whole-time Tuberculosis Visitors	6
	— 399

Changes of staff during the year included:—

Appointments —	Qualified Health Visitors	36
	Assistants to Health Visitor, S.R.N.	37
Resignations —	Qualified Health Visitors	20
	Assistants	24
	Retirements	13
	Transfers to other services	1
	Transfers to health visitor training	5
	Died	1

Post Certificate Training:

Forty health visitors attended the Grantley Hall course on 'Current Problems'. Twenty-seven members of staff attended courses in other local authorities.

Sixty health visitors and assistants attended during the three two-day courses on ascertainment of deafness held at Skipton, Doncaster and Kirkburton with the help of Drs. Hunter, Ferguson and Sammon.

Twenty members of staff—including health visitors, district nurses and midwives shared interchange visits and discussion with ward and departmental sisters of St. Luke's Hospital, Huddersfield.

Health Visitor Training:

Twenty-four students qualified 1966-67.

Nine students were accepted for training in Leeds; two for training in Bradford and five for training in Sheffield 1967-68.

The West Riding also accepts many health visitor students from other authorities for a week's special experience.

Cars:

Two hundred and eighty health visitors used cars for their work, two being provided by the Authority.

The health visiting returns show a slight fall in number of visits to children, to tuberculous households, and a more marked fall in the number of home help visits.

There was increased visiting to people aged sixty-five and over, to mentally disordered people and to patients discharged from hospital.

There was a small increase of health education activity in each category for which returns are made.

HOME NURSING

The number of patients nursed during 1967 rose by 1,793; 34,467 cases in comparison with 32,674 in the previous year. It is interesting to note that there has been a continuing upward trend in the number of cases visited at home since 1962. This increase of work has, in part, been due to the increased number of home nurses attached to general practices during the last three years; these figures do not include cases treated in the doctors' surgery or in the health centre.

On the 31st December, 1967, 115 home nurses were attached to 165 practices comprising 358 general practitioners and plans are in operation for further attachments in the early months of 1968.

Staff Situation:

The establishment was 290 whole-time nurses. 316 were employed at the end of 1967, 14 more than in 1966, and were made up as follows:—

Homes nurses, S.R.N. (22 part-time)	...	...	256
Senior relief home nurse, S.R.N.	...	...	1
Home nurse/midwives, S.R.N. (2 part-time)	...	...	44
Home nurses, S.E.N. (2 part-time)	...	...	14
Village nurse/midwife, S.E.N.	...	...	1
			<hr/>
			316
			<hr/>

There were 51 appointments, 28 resignations, 4 retirements and 5 transferred to other services.

Training:

The training scheme for home nurses continued as in previous years with two courses held during the year.

Thirteen nurses completed the course and all were successful; one nurse passed with distinction.

As the Queen's Institute of District Nursing is relinquishing its overall responsibility for training and examination of district nurses in June, 1968, the whole content of the future district nurse training will be undertaken, with the approval of the Ministry of Health, by the County Council commencing in May, 1968.

Refresher Courses:

Thirty-eight home nurses attended the last of the present series of courses on 'Rehabilitation' held at Grantley Hall. The value of the courses held during the last four years has been reflected in the increased use of equipment which enables the patient to become more independent.

Cars:

Three hundred and seven home nurses and home nurse/midwives used cars in connection with their duties, eighty being provided by the Authority.

Day and Night Nursing Service:

The object of this scheme, which is provided as an extension of the Home Nursing Service, is to provide a day and night nursing service for temporary periods—usually in an emergency or during the terminal stages of illness—to afford some measure of relief to relatives who are under a considerable strain resulting from caring for patients over a long period. Trained nurses, persons with nursing experience and ‘ sitters-in ’ are employed in the service. Whilst this service is not one which is called upon frequently, it is one which can, nevertheless, be of immense benefit.

During the year, the service was used in all but six divisions; 202 cases were provided with 10,364 hours of service at a cost of £2,475.

AMBULANCE SERVICES

I am indebted to Mr. V. Whitaker, O.B.E., F.I.A.O., County Ambulance Officer, for the following report and the statistics given in Appendix A.

As a result of the continuing expansion of the hospital service programme, there has been a large increase in the number of patients requiring medical transport, particularly in respect of attendances at out-patient clinics and the movement of geriatric cases to and from Day Hospitals. Of the total patient increase of 53,476, some 40 per cent. has arisen at six hospitals alone, including the enlarged Pontefract General Infirmary, with an increase of 10,557 patients.

The new operational system of group control has now been in action for 18 months and during the past year has begun to show the expected increase in service efficiency. Of the total patient and mileage increase borne by the whole service, comprising 23 stations and seven agency services, 45 per cent. of the patient increase and 30 per cent. of the mileage increase was absorbed by the eight stations under group control.

Negotiations have continued and are nearing completion for the acquisition of a nearby site at Birkenshaw for the establishment of a new headquarters and control building which will provide for expansion of the new system of operational control.

The vehicle programme saw the introduction of twenty B.M.C. J.2. mini-buses, converted as sitting case ambulances, replacing twenty of the larger type ambulances and the replacement of twelve Hillman Estate Car/Ambulances by the larger Humber Hawk model, with an additional six of this type of vehicle, increasing the total direct service fleet establishment to 174.

Progress in improving station premises continued by the completion of the modernisation of the original garage at Maltby and the acceptance of tenders for a new station at Todmorden. A two-bay garage extension was completed at Brighouse. Land was also appropriated to allow for extensions at Hoyland station.

The Ministry of Health Working Party Report, Part II on Equipment and Vehicles was received but as yet there has been no further pronouncement.

The residential training school at " Elm Bank ", Cleckheaton, has been in full use throughout the year. Courses held were—

- 13 Basic training courses, 2 weeks each, attended by 227 own staff and 18 other authorities.
- 2 Civil defence officers' courses, four days each, attended by 40 own staff.
- 2 Projectionist courses, one day each, attended by 18 own staff.
- 1 Ministry of Health experimental course, 6 weeks, attended by 11 own staff and 9 other authorities.
- 1 Civil defence basic training course, one week, attended by 20 own staff.

The County Ambulance Officer and members of the training staff attended studies promoted by the Ministry of Health to prepare and experiment with the proposed six weeks initial training course for recruits, as envisaged in the Working Party Report, Part I on Training. This culminated in holding the six weeks experimental course as listed above and will be followed by further such courses until a final established syllabus is achieved.

The benefit derived by service personnel who have received training at the school has been very evident from the standard of the examination results, the students' own reactions and comments and examples of efficiency in the field. The effect of the training on the service as a whole is reflected in improved morale and the satisfaction that at last something is being done to train the ambulance man in his job.

Due to the re-organisation of the Civil Defence Corps, the Ambulance and First Aid Section was abandoned and the Ambulance Service in War became the total responsibility of the peacetime Ambulance Service. Expansion on to a wartime basis is to be by the recruitment of volunteer drivers in peacetime to a body known as the ' Ambulance Reserve '.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education:

Health education is given in many settings: home, schools and infant welfare centres are examples. The needs of all these differ; in the home the approach must be personal and individual; in the school group methods are used; in the infant welfare centre both must be employed. The importance of providing the necessary tools, knowledge and encouragement cannot be over emphasised.

SCHOOLS:

One thousand, five hundred and eighty-one health education sessions were given in schools by health visitors. In some schools such courses by health visitors are organised jointly with teaching staff. As part of some courses pupils make visits of observation to study at first hand community services.

MATERNITY AND CHILD WELFARE:

One thousand, seven hundred and seventeen formal sessions were given to expectant mothers by health visitors. In addition midwives undertook teaching of mothercraft.

In infant welfare centres teaching in small groups is more commonly practised than formal health education. Posters, leaflets and other display material have been distributed every two months to divisions whence they are circulated round the centres.

VISUAL AND TEACHING AIDS:

Many teaching aids, including filmstrips, sound films, flannelgraphs, loop cassette films and display materials, are provided by the health education unit either from its own library or by borrowing from national libraries. The silent loop cassette films are useful teaching aids in schools and in centres. New films are reviewed by headquarters staff and during the year three new additions have been obtained for the library, one purchased and two on long term loan.

A review of films and filmstrips on home safety and closely related topics indicated that some lacked quality while others were not appropriate to the County. It was therefore decided that the health education unit should produce a series of filmstrips to meet its needs.

With the assistance of Drs. Harvey, Burn and Fraser, a programme was prepared and at the year-end two scripts for filmstrips on the choice, safe usage and maintenance of prams had been agreed and some of the photographic work undertaken.

The School Dental Service have for some time considered making a sound film for their work. During the year this was undertaken by Mr. Metcalfe, Area Dental Officer, who has a special interest in dental health education.

This sound, colour film with a running time of approximately 8 minutes deals with various aspects of the West Riding Dental Service. The film is a very useful aid in health education programmes on dental health, especially in schools, and has been shown to advantage to dental students.

EXHIBITIONS:

Exhibition material, particularly on the subject of home safety is considerable; there are 46 home safety committees within the administrative county and demand for this aspect of health education material is almost insatiable. The home safety exhibition and farm safety exhibition have been in demand, display stands on subjects such as care of medicines, water safety and flame resistant materials have been displayed in exhibitions, on gala days and also in infant welfare centres.

Whilst the greater part of health education exhibition material is constructed within our own department, some tasks are beyond our present resources. Larger exhibitions, while designed by the unit are made by private contractors. Considerable thought has been given to detailed planning of a new permanent home safety exhibition based on a puppet display, which is now under construction.

WORKING PARTIES:

The last annual report mentioned the use and nature of mothers' clubs and the small working party set up under the chairmanship of Miss Atkinson, County Nursing Officer. This continued with a final meeting held towards the end of the year. The findings and recommendations should be in 1968.

In March, a working party was formed to examine the field of environmental hygiene in relation to health education and the community and how the County Health Department could assist the work of the districts within their own responsibilities, having special regard to visual aids and local in-service training. This working party under the chairmanship of Dr. Francis, Deputy County Medical Officer, includes headquarters staff and two divisional medical officers and three public health inspectors.

A small working party comprised of headquarters staff, in particular the mental health section, a senior mental welfare officer, and a divisional medical officer, was formed to study the possibility of producing an exhibition in relation to mental well being. This subject is particularly difficult and presents many problems.

Social Workers:

The training scheme for the gradual build up of a staff of qualified social workers to the approved establishment of 25 continued.

Six more trainees were appointed in September, four of these being allocated to divisional medical officers who had not previously taken part in the scheme.

Of the four trainees appointed in 1966, one resigned but the remainder proved satisfactory and commenced the two-year Certificate in Social Work Course at Leeds College of Commerce in September.

The value of the probationary period and in-service training at divisional level was emphasised by the Head of the Department of Social Studies at the College, who stated that our students arrived on the course well versed in Social Policy and Administration and in Contemporary Social Structure.

As one of the trainees already at the College was required to withdraw after one year on the grounds of unsuitability, the number of students undertaking the Certificate Course is now eight.

Recuperative Home Treatment:

Two hundred and seventy-six applications for recuperative home treatment were received as compared with two hundred and fifty-seven in the previous year. One hundred and fifty-two, forty-one men and a hundred and eleven women, (one with children), were admitted to a convalescent home, the remaining hundred and twenty-four applications (45 per cent.) were cancelled.

MENTAL HEALTH

Training Centres:

ACCOMMODATION AND STAFF:

A list of training centres for the mentally subnormal and of the places available is given in Appendix A.

With two further members of the staff qualifying, the proportion of teaching staff holding the Diploma for Teachers of the Mentally Handicapped now exceeds 40 per cent. One of the four cadets appointed in September, 1966 withdrew after the first year and it is expected that the remaining three will be accepted for the 'Diploma' course commencing in September, 1968.

Teaching staff from the training centres attended six courses at Grantley Hall, these included the three identical courses on 'School Leavers', which were joint courses with the mental welfare officers. The other courses concentrated on social training; physical education; music, movement and drama.

CENTRE ACTIVITIES:

Parent/Teacher Associations continue to give active and valuable support to many of the training centres. Gifts donated during the year include greenhouses, physical education equipment, television sets, toys, etc.

Other voluntary bodies also help in many practical ways.

Social training continues as an integral part of the training centre programme and includes organised visits for shopping expeditions in the larger towns and to places of interest.

Social clubs continue to operate successfully. These are held in the evenings at weekly or fortnightly intervals. Staff attend voluntarily and transport is provided by various voluntary organisations.

SWIMMING:

The outstanding feature of the year has been the completion of a learner swimming pool at the Rawcliffe Training Centre. This was made possible by the joint efforts of the Goole and Selby Round Tables. Not only did they provide voluntary labour for the construction of the pool and its enclosure, but they also met the full cost of all materials used. The planning of the project was carried out in consultation with the County Architect, the Divisional Medical Officer and the Chief County Public Health Inspector.

The pool was officially opened on the 11th October, 1967. The Chairman of the Selby Round Table, Dr. J. H. Hulme offered the pool to the County Council and he was supported by the Chairman of the Goole Round Table, Dr. D. M. Clark. County Councillor R. Egan accepted the pool on behalf of the County Council and County Alderman W. Hudson supported.

The pool was immediately put to use and within three months the Centre Supervisor reported that five children were able to swim without the aid of floating appliances.

Similar projects are under way for the West Ardsley Centre and are being considered at other centres. Additionally small parties of selected patients at some centres are taken on regular visits to the local swimming baths.

HOLIDAYS AND OUTINGS:

Once again a party of approximately 50 patients and 8 staff spent a fortnight at Whitby. The Whitby holiday was sponsored by the County Council but smaller parties, sponsored by the Parent/Teacher Associations were also taken for holidays by the sea.

INDUSTRIAL WORK:

The volume of industrial work has continued to increase. The total value of finished products reached the figure of £23,600 whilst other services rendered by patients (e.g. laundry, care of grounds etc.) was valued at £4,900 making a total income of £28,500. The cost of raw materials was £13,500 and payments to patients amounted to £14,800.

The incentive payments scheme has continued throughout the year and recommendations to increase the scale of payments as from 1st April, 1968, have already been approved.

SPECIAL CARE UNITS:

The increasing demand for placement of severely handicapped children has necessitated the provision of additional special care accommodation. The first new purpose-built unit was opened at Hemsworth in June. It is designed for 12 cases and its introduction increases the number of special care places in the county from 73 to 85. A further new unit at Wombwell, of similar design, was nearing completion at the end of the year and will bring the number of places to 97. Some of the existing units are being extended to meet an increasing demand.

The special care units are open for 48 weeks in the year and special transport is provided together with escorts and, where necessary, safety harness.

Mental Welfare Officers:

TRAINING COURSES:

Two mental welfare officers commenced the two-year 'Younghusband' course in September. Newly appointed officers were seconded to the 'Induction' course organised by the Northern Branch of the National Association for Mental Health.

IN-SERVICE TRAINING:

Six three-day courses for Mental Welfare Officers were held at Grantley Hall, Ripon. The first three courses dealt with psychiatric problems in minority groups, particularly the immigrant population. Three further courses dealt with the 'Problems of School Leavers' and these were joint courses for mental welfare officers and the staffs of training centres. Further in-service training was maintained through the regular seminars organised by Mrs. Farrow and by attendance at case conferences held in the psychiatric hospitals. The senior mental welfare officers continued to meet at monthly intervals throughout the year.

Hostels:

MEADOW BANK HOSTEL, HARROGATE (8 subnormal children):

Eight subnormal children were resident throughout the year at Meadow Bank on a five-day week basis; they attend the adjacent training centre from 9-30 a.m. to 3-30 p.m. Mondays to Fridays. The children returned to their homes at week-ends and for the school holiday periods. Leisure time activities organised by the warden, include outings and picnics, also visits by public transport to places of interest. There was one discharge and one new admission during 1967.

During the holiday periods other children are admitted on short-stay basis. These admissions include week-end stay at the hostel and are a means of giving a break to parents who have their children at home for the greater part of the year. Twenty three admissions were arranged on this short-term basis.

The deputy warden resigned at the end of July. After a two month period of temporary help a permanent appointment was made and the staffing position is again on a satisfactory basis.

HEALEY CROFT HOSTEL, WEST ARDSLEY (29 subnormal adults):

Dr. Ireland, Divisional Medical Officer, has submitted the following report:—

“ This hostel was completed in 1965, has places for 29 subnormal adults, 14 male and 15 female, and there is a bed in the sick-bay which can be used for short-stay cases in an emergency. The staff consists of a warden, two assistant wardens (all residential), an attendant, two part-time cooks, five part-time domestic assistants and a part-time caretaker.

Age and Sex of Residents at Healey Croft at 31st December, 1967

Sex	16+	19+	22+	25+	30+	40+	50+	60+	Total
Male	2	1	1	3	2	3	3		15
Female	1	4			4	3	3		15
Total	3	5	1	3	6	6	6		30

There have been ten admissions during the year, three of whom were re-admissions, and these ten admissions can be summarised as follows.

- (a) Subnormal child residing in County Children’s Home who attained the age of eighteen years and considered to be in need of continuous supervision... 1
- (b) Short-stay admissions ... 4
- (c) Admissions from the community on social grounds ... 5

The nine discharges which occurred during the same period are summarised as follows:

- (a) Discharged to a Wakefield hostel ... 1
- (b) Discharged to residential work ... 2
- (c) Returned to former home environment ... 3
- (d) Short-stay admissions ... 3

Of the ten admissions, two were considered capable of employment and the remainder attended the West Ardsley Training Centre. However, the admission from the Children's Home progressed so well at the centre that she was able to be placed in her first employment and quickly settled into a regular routine.

By the end of the year, eight males and three females were in regular employment and the remaining nineteen attended the Training Centre.

This was the first year that the hostel could be considered to be really full and by December a small waiting list for admission had developed. The sick-bay bed was used during the year for short-stay cases as the occasions it was required for sickness proved negligible. Towards the end of the year it was also decided to admit those on the waiting list into this bed on a trial basis for periods of four weeks. In this way it was hoped to avoid the long term admission of unsuitable cases from the waiting list.

By the 31st December, eighteen had been in residence for over two years and the combination of a low level of ability and poor or non-existent home conditions had led to the consolidation of such residents who now look to the hostel for security and a home. It would seem unlikely that this situation will show any dramatic change in the near future as the rehabilitation of this type of subnormal adult in the community can only be a slow process."

PATIENTS IN HOSTELS OPERATED BY OTHER AUTHORITIES AND VOLUNTARY BODIES:

In addition to the patients accommodated at Meadow Bank and Healey Croft the County Council has accepted financial responsibility for patients admitted to other authority hostels and to homes run by voluntary associations.

A particularly interesting development has been the formation of the 'Outlook Housing Association', Harrogate. This association was formed by a group of local people to provide accommodation for mentally disturbed patients who are homeless or living in unsuitable lodgings. The house accommodates six persons in bed/sitting rooms. During 1967, twenty people have received help from the Association. Four women have acted as 'Housemother' for periods between two weeks and eight months. Five residents were admitted because of emergencies, e.g. persons in resident jobs during periods of sickness or unemployment. Four were offered a period of residence on trial, with a view to a permanent tenancy being granted.

Day Centres:

HARROGATE THERAPEUTIC CLUB:

This club opened at 13, Dragon Parade, Harrogate, on 10th July. It is open for five full days per week and replaces the former '101' Club held in a rented room on afternoons only. The average daily attendance is 20 and patients prepare their own mid-day meal on the premises. Activities and group discussions take place in the afternoon. Occupational therapy at the club is purposeful; the mid-day meal is prepared, furniture is re-conditioned, sheets and blankets are mended, dressmaking is undertaken and a hairdressing session is held.

Psychiatric cover is given by Drs. Munroe and Kerr who each attend on one afternoon per week.

SNAITH DAY CENTRE:

This day centre provides facilities for mentally disturbed patients to attend for full-time therapy on five days per week.

The patients are selected by the consultant psychiatrist. There are 23 names on the register and the average daily attendance is 17. Patients are conveyed to and from the centre by ambulance and mid-day meals are provided by the School Meals Service.

Occupational therapy is in the form of poster-painting, tool sharpening, simple electrical tasks and the recovery of usable material from old pianos etc. Music, games and discussion groups play an important part in the day's programme.

Psychiatric oversight is provided by psychiatrists from De la Pole Hospital who attend the centre weekly.

Psychiatric Social Clubs:

These clubs offer a varied programme of activities including whist drives, dominoes, beetle drives, bingo, table tennis, darts, records and dancing. In several of the clubs special evenings are set aside for the showing of colour slides and films.

Interchange visits with other clubs have been very successful. One party of twenty members spent a week together at a holiday resort on the east coast and a smaller party of seven went on a week-end expedition to the Lake District. Summer outings were also arranged.

Psychiatric Services:

The year under review again shows increased activity in all aspects of mental health. A very close liaison has been established between the hospital consultants and the mental welfare officers. Case conferences at hospitals continue to be a most valuable function, providing a vital link between the hospital and the field services.

There were changes in the Middlewood Hospital catchment area. With the opening of the new psychiatric hospital attached to the Royal Infirmary, Doncaster, the whole of the Wortley division came within the area of the Middlewood Hospital. Consequently, clinics for mentally ill and mentally sub-normal patients were commenced at the Divisional Health Office, Mortomley Hall. That for mentally ill patients is held weekly on Monday afternoons and 41 sessions were held during which Dr. Kelly, Senior Consultant Psychiatrist at Middlewood Hospital saw 162 patients. The clinic for the subnormals is held on Friday mornings and 39 sessions were held at which Dr. Gemmell saw 143 patients.

A good relationship with the general practitioners is developing and many of them are willing to accept mental welfare officers as ancillary workers. In 1967 more consultations took place between mental welfare officers and general practitioners and more patients were referred earlier. This speaks well for the good relationships that exist.

Future Planning:

RESIDENTIAL ACCOMMODATION:

The initial programme for purpose-built hostels was for four establishments —2 for mentally subnormal children (Harrogate and Skipton), 1 for mentally subnormal adults (West Ardsley) and 1 for post-psychotic patients (West Ardsley).

Although the basic programme of experimentation is not yet complete, sufficient is already known to suggest that the forward tentative planning, of ten hostels by 1976, will need amendment.

A revised building programme, which envisages an ultimate provision of 25 hostels, has therefore been prepared and approved. The following table gives details of the hostel proposals:—

<i>Type of Hostel</i>	<i>Number of Premises</i>	<i>Number of Places</i>
Mentally subnormal children ...	6	80
Mentally subnormal adults ...	8	240
Mentally ill adults	8	160
Elderly mentally ill	3	90
	—	—
	25	570
	==	==

Another facet of residential accommodation is the conversion of existing dwelling houses. A start has already been made in this direction. Two houses in the Morley area are being adapted, one to provide accommodation for mentally subnormal adults and the other for patients who are recovering from a mental illness. The house for subnormals would act as an annexe to Healey Croft Hostel whilst the house for the mentally ill would be linked to Lee Grange Hostel for post-psychotic patients.

TRAINING CENTRES:

The Ten Year Plan provides for two new training centres (Brighouse and Wetherby) and a third not yet specified. This, together with additional accommodation through extensions to existing centres will increase the accommodation for adults from its present figure of 746 to 1,004. The building of new special care units and additions to existing special care units, together with accommodation for juniors in the new centres, will bring the number of junior places from 744 to 903.

In addition to the new centres at present included in the plan, it is envisaged that further centres will be required in the Pontefract and Todmorden areas and also in the northern part of the Skipton division. The need will be re-assessed at each revision of the Ten Year Plan.

DAY CENTRES:

The County Council has purchased the former T.A. Drill Hall at Mirfield and this is to be adapted to provide a day industrial centre for patients recovering from mental illness. Patients will be drawn from the Storthes Hall and Stanley Royd Hospitals areas and a consultant psychiatrist will give psychiatric cover. It is hoped to undertake specialised industrial work at this centre.

PART IV

ENVIRONMENTAL HYGIENE

Food and Drugs

Sanitary Circumstances

See also Tables 68 to 75 of Appendix A

ENVIRONMENTAL HYGIENE

No new duty has been undertaken during the year and it would have proved most difficult to do had there been one. The work relating to school swimming pools is ever increasing and particular effort was made during the summer swimming season to carry out more supervision and sampling. Almost five times the number of samples were obtained than in the previous year.

The aim of bi-monthly milk sampling for brucellosis was not achieved but this was partly due to the foot and mouth epidemic during which all farm visiting was suspended.

The number of routine visits under the Pharmacy and Poisons Acts fell considerably but priority must be given to the more important duties.

The inspection of nursing homes has been carried out in conjunction with the medical and nursing staff.

Food and Drugs Act, 1955:

THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1963:

THE MILK (SPECIAL DESIGNATION) (AMENDMENT) REGULATIONS, 1965:

Licensed Dealers:

The number of dealers continued to increase and was most marked in those dealing in untreated milk. This cannot be welcomed in view of the dangers related to the consumption of raw milk but it has been suggested that it might have been brought about by the more willing attitude of farmers to deal in half pints than that of the larger dairy companies.

The number of untreated milk samples failing the methylene blue test showed a slight decrease from last year but the figure is still not satisfactory.

Processing Plants:

The number of phosphatase test failures has been disappointing again. In all cases except one the failures were from small vat pasteurising plants and due to lack of care on the part of the operator. The failure from the larger plant was thought to be a fault in the flow diversion valve and the equipment was thoroughly checked over.

Premises Bottling Untreated Milk:

Regular visits for the purposes of supervision and sampling were made to the twelve premises where milk is purchased in bulk and bottled. One hundred and seventy one samples were obtained of which twenty six failed the methylene blue test. Two samples contained traces of antibiotics and three gave positive cream cultures for brucellosis. Appropriate action was taken in all cases.

SUPPLY OF MILK TO SCHOOLS:

A supply of pasteurised milk is obtained for schools wherever possible but there were twenty six schools which had untreated milk. One hundred and three samples were obtained of this milk and eleven of these failed the methylene blue test. Investigations were made and repeat samples were satisfactory.

Untreated milk samples are examined for tuberculosis, brucellosis and antibiotics in addition to the keeping quality test. No evidence of the presence of tuberculosis or antibiotics was found. Eleven samples however were found positive for the presence of brucellosis. Immediate notification was given to the divisional medical officer to enable him to stop the infected supply.

SAMPLING OF MILK AT HOSPITAL FARMS:

Sampling, which is carried out at the request of the Ministry of Health, continued at two farms. At Stanley Royd Hospital Farm, Wakefield, where the production of untreated milk only takes place, twenty six samples were obtained. Four of these failed the methylene blue test. At Stansfield View Hospital Farm, Todmorden, where a pasteurising plant is installed, twenty six samples were obtained. One sample failed the phosphatase test.

ANTIBIOTICS IN MILK:

Only seven hundred and ninety two samples were examined by the Wakefield Public Health Laboratory. During the first half of the year the laboratory staff were under extreme pressure dealing with the increased volume of work caused by Circular 17/66 which relates to brucellosis and were unable to deal with examinations for antibiotics. Twelve of the samples were found to contain antibiotics and the usual informal action was taken in co-operation with the Milk Marketing Board. The examination carried out was the modified T.T.C. provisional method for the detection of antibiotic and other inhibitory substances in milk.

BRUCELLOSIS:

Efforts were made during the year to increase the frequency of sampling of untreated milk from quarterly to bi-monthly. Due to commitments in other fields of activity this has not been fully realised but the number of samples obtained increased to 2,418. All samples were examined by ring test and cream culture and 103 guinea pig inoculations were carried out. The number of positive cream cultures and guinea pig inoculations was 120 giving a percentage of 4.96.

The department's policy of informing producers of positive ring test results has continued with success. There is evidence of much closer co-operation with the farmer and indeed it is quite frequent for a farmer to request sampling when new animals join his herd.

A greater awareness of brucellosis has also been brought about by the introduction of the Ministry of Agriculture, Fisheries and Food's Brucellosis (Accredited Herds) Scheme. This voluntary scheme, administered by the Ministry, is to establish a Register of Accredited Herds and at the time of writing 386 applications have been received from farmers in the West Riding. 277 herds are at various stages on the way to registration and 4 have become accredited.

The policy of notifying divisional medical officers of all results of milk samples taken by the department has continued and grateful recognition is given to them and to the county district public health inspectors for their help and co-operation.

Thanks are also extended to the Directors of the Public Health Laboratories in and around the county for the information supplied to us which enables extremely useful records to be kept, particularly to Dr. L. A. Little, Director of the Wakefield Public Health Laboratory, and his staff. The degree of co-operation and the close working relationships have been magnificent.

QUALITATIVE MILK SAMPLING:

Under the County Council's scheme of qualitative milk sampling 151 samples were submitted for analysis by county district public health inspectors. Two were deficient in fat. A caution was issued to the vendor in one case and no action taken in the other.

EXTRANEOUS MATTER IN FOOD:

Fifty one complaints were received and investigated during the year. A summary is given below of details of each case and the result where legal proceedings were taken. In other cases verbal or written cautions were given.

Mouldy chocolate French sandwich. Prosecuted—fined £2.

Maggots in Christmas pudding.

Beetles in tin of soup.

Foil cap in $\frac{1}{3}$ pint of school milk—4 cases.

Mould on sausages—2 cases.

Dirty milk bottle—11 cases. One prosecution—fined £10.

Glass in a bottle of milk—10 cases. Two prosecutions—fined £5 in each case with £4 14s. 0d. costs in one case.

Foreign matter in bottle of school milk—4 cases. Two prosecutions—fined £30 and £3 3s. 0d. costs in each case.

'Fluorescent fish' alleged to have caused illness.

Slug in frozen peas.

Wood in bottle of onions.

Milk bottle not capped.

Sixpenny piece in bottle of school milk.

Washer in nutbar. Prosecuted—fined £20 and £10 8s. 0d. costs.

Holly leaf in bottle of school milk.

Mouse in school milk. Prosecuted—Case dismissed.

Sour milk—2 cases.

Corned beef with abnormal odour.

Glass in jar of salmon paste. Prosecuted—fined £30 and £4 4s. 0d. costs.

Feather in sliced loaf of bread.

Rubber glove in tin of pineapples.

Mould on cream cheese.

Foreign body in tin of corned beef.

Foreign body in green beans.

Water Supplies:

PLUMBO-SOLVENT WATER SUPPLIES:

The periodical examination of water from those public supplies in the West Riding which are known, or suspected, to possess plumbo-solvent properties has been carried out.

Two samples of water were collected from each supply (a) after standing all night and (b) after standing for thirty minutes in a lead service pipe, and the samples were examined for the presence of lead. Two hundred and twenty four

samples were examined and in each case the result of the examination was notified to the medical officer of health and other appropriate officers of the County District concerned.

Six samples contained lead in excess of 0·1 parts per million. Appropriate action was taken with the authorities concerned and all supplies were satisfactory at the end of the year.

PRIVATE SUPPLIES OF WATER TO COUNTY PREMISES:

Supervision and sampling of private supplies has continued. Full water treatment plant is installed at Grantley Hall and Ingleborough Hall whilst Aldfield C.E. School has a filter candle. Elslack Primary School went over to mains supply during the year. The unsatisfactory samples from Grantley Hall were due to faults in the chlorinating equipment.

Samples from Ingleborough Hall are obtained by the Chief Public Health Inspector, Settle Rural District Council, to whom thanks are due for his co-operation.

FLUORIDATION OF WATER SUPPLIES:

The Ministry of Health has again requested a report on the action taken by the Council under Circulars 28/62, 12/63 and 15/65 on the fluoridation of water supplies. My report for 1965 gave a comprehensive review, since when the overall position has remained unchanged.

Four water undertakers were at various stages with the compilation of technical data and costings of schemes and whereas agreement in principle had been reached with two of these undertakers for minor schemes, at the year end no formal agreement had been signed. It is hoped that the introduction of fluoride to these water supplies to the optimum level will be effected in the not too distant future.

Rural Water Supplies and Sewerage Acts, 1944-61:

All schemes were examined and comments forwarded to the County Planning Officer for onward transmission, with his observation, to the County Council's Consulting Engineer.

In addition, Ministry Inquiries and Investigations of Schemes were attended where held.

Local Government Act, 1958, Section 56:

SEWERAGE SCHEMES—APPLICATIONS FOR GRANTS:

Applications from Denholme U.D. and Garforth U.D. were examined and reports submitted to the Public Health Sub-Committee. No grant was made during the year.

School Swimming Pools:

The number of pools in operation and under consideration rose during the year to 48. Seven hundred and two water samples were taken from these pools and from two other establishments not owned by the W.R.C.C. but where sampling has been requested. These two are the Woodhall Centre, near Wetherby and the Hilton Grange Children's Home, Bramhope.

The 11 new pools that were opened all had initial problems but soon settled down to a satisfactory routine. An old filter installation at one school became unsatisfactory and led to the pool being closed for repairs. The pool remained closed at the end of the year for financial reasons whilst the County Architect's Department considered the large scale expenditure that appeared necessary.

An outdoor pool became infested with the larvæ of the Chironomus fly during the summer vacation. These red larvæ are harmless but attract attention as they constantly twist and convulse in the water. A massive dose of chlorine brought an end to the infestation.

A pool was installed at the Authority's Mental Health Training Centre at Rawcliffe and has given satisfactory results.

The Chester Beatty Research Institute published reports that the method used for many years of employing ortho-tolidene for chlorine determination of water samples was undesirable as ortho-tolidene was a potential carcinogen. Arrangements were made with the Chief Education Officer to replace all existing test kits with the D.P.D. Test Kit which employs other reagents.

West Riding County Council (General Powers) Act, 1964:

PROVISION OF PUBLIC CONVENIENCES:

Mention was made last year of the pilot scheme being undertaken by the County Engineer and Surveyor to provide conveniences on three chosen roads within the County. The routes chosen were a typical national route, a typical holiday route and a typical industrial route.

Following consultations with owners of garages, public houses and cafes it has been possible to use certain private conveniences and erect advance direction signs on the national route. Advance signs have also been used on the industrial route but in this instance directing travellers to existing public conveniences alongside or within a reasonable distance of the trunk road.

Provision on the holiday route, through pleasant countryside, has not yet been made and is proving difficult. Co-operation from occupiers of private premises has not been forthcoming and it is expected that strong objections would be made to the erection of public conveniences in the area where they are needed.

Gypsies:

The report of the Working Party, composed of members of Clerk's, Education, Planning and Health Departments, and referred to in the last annual report, was made to the Town and Country Planning Committee.

In the initial stages it was considered that three sites, with approximately 20 caravans on each site, should be provided. The sites to be in those areas with the major gypsy population. In view of the fact that the problem was country-wide it was considered that the sites should be financed by the County Council.

The location of the sites was thought to be predominately a matter for the Town and Country Planning Committee but, once the sites were chosen, their purchase and setting up should be a matter for the Health Committee. It was

hoped that District Councils, in collaboration with a site warden, would undertake much of the day to day supervision of the sites, probably on a reimbursable basis.

The Working Party followed up the report by meeting representatives of the District Councils where it was felt that there was the greatest need for sites and this work is still proceeding. Little progress towards obtaining a site had been made by the year end but at the time of writing high hopes are held for the establishing of one site this year.

Tetanus Survey:

The collection of soil samples continued for a long-term survey of the antibiotic resistance of strains of *Clostridium tetani* which is being undertaken by the Public Health Laboratory Service.

Unfortunately it was impossible to obtain two samples from each selected farm as the second sample became due during the foot and mouth epidemic and all farm visiting had been suspended.

Pharmacy and Poisons Act, 1933:

Two hundred and ninety seven visits of inspection were made to premises listed for the sale of Part II poisons.

The Riding Establishments Act, 1964:

Premises licensed by the County Council were visited at least once each during the year. The general public health aspects of each premise were examined and a report submitted to the Clerk of the County Council. This report is considered along with a report of a veterinary surgeon and one from the County Fire Officer before a licence is issued.

Atmospheric Pollution:

The Authority's scheme for the measurement of atmospheric pollution operated in conjunction with Warren Spring Laboratory of the Ministry of Technology and officers of the County Districts, has continued efficiently.

Further implementation of the scheme proceeded and at the year end 39 District Councils were participating involving 52 combined daily smoke filter and sulphur dioxide instruments, and four daily smoke filters only.

PART V

MISCELLANEOUS

Welfare of the Epileptic and Spastic

‘ Wardens ’ Schemes for the Aged

National Assistance Act, 1948:

**Persons in need of Care and
Attention**

Registration of Nursing Homes

Notification of Births

Nurseries and Child-minders Regulation Act, 1948

**Medical Arrangements for County Children’s Homes
and Residential Nurseries**

Medical Examination

Road Traffic Act, 1960

West Riding Distress Fund

See also Tables 76 to 80 of Appendix A

THE WELFARE OF THE EPILEPTIC AND SPASTIC

Details are given in Appendix A of all known epileptics and spastics.

The County Council's scheme under section 29 of the National Assistance Act, 1948 for the provision of welfare services for physically handicapped persons (general classes) was inaugurated in 1953 and there are now 5,954 registered cases, a number of whom suffer from cerebral palsy or epilepsy.

The County Council administers 22 social and handicraft centres for use by the physically handicapped and provides domiciliary visitation by way of district welfare officers, who advise on the many personal and social problems arising from handicap, and by handicraft instructresses, who teach those who are home-bound and cannot attend centres. Additional services provided include the supply of aids on loan and adaptations carried out at the homes of handicapped persons to secure their greater comfort or convenience.

A number of grants were made during the past year to enable severely disabled persons to take a holiday and the County Council has continued its practice of contributing to the funds of voluntary organisations which promote welfare services for those suffering from epilepsy and spasticity.

' WARDENS ' SCHEMES FOR THE AGED

In 1956, all County District Councils were informed that the County Council were prepared to consider the making of contributions (now made under section 56 of the Local Government Act, 1958) towards the expenses incurred by them in the development of services for aged persons accommodated on Council estates subject to the submission of schemes containing full details of the proposals.

During the period July, 1957, to February, 1968, 507 schemes have been approved by the County Council, affecting 83 District Councils.

Following the implementation of the West Riding County Council (General Powers) Act, 1964, the County Council informed all County District Councils that they were prepared to consider the making of contributions towards the expenses incurred by them in the development of services for aged persons living in privately owned or rented accommodation.

During the period September, 1965, to February, 1968, 344 schemes have been approved by the County Council, affecting 50 District Councils.

Under section 119 of the Housing Act, 1957, ten Housing Associations supervising thirteen schemes receive annual contributions in respect of accommodation for aged persons.

I am indebted to Mr. J. H. Bargh, County Welfare Officer, for supplying the above information also Tables 76 to 79 of Appendix A.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

Reports of Medical Officers of Health indicate their understandable reluctance to invoke the powers of section 47 of the National Assistance Act, 1948, which provides for the compulsory removal to appropriate accommodation of persons requiring care and attention. The proceedings were unavoidable in nine cases, two men and three women were admitted to hospital and one man and three women to Part III accommodation.

REGISTRATION OF NURSING HOMES

There were 2 new registrations, 2 cancellations and 2 amended registrations during the year under the provisions of the Public Health Act, 1936, as amended by the Nursing Homes Act, 1963.

NOTIFICATION OF BIRTHS

(Public Health Act, 1936, Section 203)

The number of live and still births notified and attributable to the County Area was 31,923. When this figure is compared with the Registrar General's return of 32,043 births (31,555 live and 488 still births), the degree of error is small and affords satisfactory evidence of the system of notification.

Prompt notification makes it possible to arrange for early visiting of babies by health visitors, and it is satisfying to record that 31,290 first visits to children born in 1967 were made.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

At the end of the year, there were 8 nurseries registered for the care of 204 children and 87 child-minders registered for the care of 672 children. Two hundred and ninety-five visits of inspection were made.

MEDICAL ARRANGEMENTS FOR COUNTY CHILDREN'S HOMES AND RESIDENTIAL NURSERIES

Divisional Medical Officers have submitted periodic reports on the discharge of their responsibilities for the medical arrangements at County Children's Homes and Residential Nurseries; these provide for the medical examination of children on admission and discharge, subsequent routine and special examinations, the keeping of medical records, precautions against the spread of infectious diseases, determining the hours of rest and sleep, the general supervision of health, hygiene and diet, and the staffing of the nurseries. Routine examinations, which are undertaken monthly in residential nurseries and six-monthly in children's homes, reveal the not-unexpected high proportion of children with physical and mental defects and with emotional problems.

MEDICAL EXAMINATION

During the year, 2,082 health questionnaires were received from applicants for admission to the superannuation scheme. Of this number 1,391 were admitted to the scheme on the basis of the information obtained from the questionnaires. 691 applicants were referred for medical examination by reason of:

	<i>Number referred</i>	<i>Approved</i>	<i>Not Approved</i>	<i>Deferred</i>
Age	186	178	5	3
History	317	244	33	40
Category (of employment, i.e. driver)	82	78	3	1
Age and History	81	54	11	16
Age and Category	8	7	1	—
History and Category	16	15	1	—
Age, History and Category	1	—	1	—
	—	—	—	—
	691	576	55	60
	—	—	—	—

Of these examinations, 686 were carried out by the County Council's medical officers and 5 were carried out by medical officers of other local authorities. This is a service which now is largely carried out on a reciprocal basis between local authorities and no cost is incurred by the County Council.

36 requests for medical examination have been received from other authorities.

116 employees were referred for special medical examination because of lengthy periods of sickness absence.

22 specialist reports were obtained.

ROAD TRAFFIC ACT, 1960—SECTION 100(6)

The Clerk of the County Council referred 54 new cases for advice as to their medical fitness to hold driving licences. Enquiries and investigations were carried out and appropriate recommendations passed to the Clerk for the guidance of the Local Taxation Committee.

Although it may be recommended at the time of the enquiry that the person concerned is fit to hold a driving licence, it is thought advisable in some cases to carry out a review at a later date to ensure that the medical fitness for driving has continued. Similarly, if it is necessary to recommend that a person be not granted a licence, the case may be re-investigated if it is considered there may be an improvement in health within a reasonable time. Twelve cases have been reviewed during the year.

WEST RIDING DISTRESS FUND

A grant from the West Riding Distress Fund was made for the provision of bedding for a mentally subnormal child.

PART VI

THE HEALTH OF THE SCHOOL CHILD

**The Annual Report of the Principal School
Medical Officer**

including

**The Report of the Principal School
Dental Officer**

See also Tables 81 to 93 of Appendix A and Appendix G

THE HEALTH OF THE SCHOOL CHILD

(Being the 60th Annual Report of the Principal School Medical Officer)

Introduction:

Several developments in the service in co-ordination with the educational aspects of the school child have come much nearer to fruition. A review of the present pattern of the services in the Divisions was carried out in the latter part of the year which will lead to general proposals for a re-orientation of the work on the lines indicated in previous reports. Some Divisions have already commenced more selective methods of examination and screening on a wider basis than previously.

In January, 1968, the commencement of a peripatetic service by a trained teacher of the deaf for hearing-impaired children in the ordinary schools will at last become a reality in two areas and it is hoped that this service will be extended after experience has been gained in the two 'pilot' areas.

After much discussion the future pattern of Remedial Centres has generally been agreed and more emphasis will be given to the special help required for children with physical and emotional problems.

Proposals have been submitted to the Department of Education and Science for the setting up of special assessment centres with special educational facilities.

Difficulties in staff recruitment still persist. Three whole-time speech therapists commenced duties during the year but two experienced part-time therapists had to resign for family reasons. There is a severe shortage of departmental medical officers in some areas and few new appointments have been made.

There has been little change in the staffing position in the Child Guidance Service. One psychiatric social worker left for a post in the hospital service but was replaced by a newly qualified officer who had been seconded by the Authority for training. The shortage of trained social workers prevents further extension of the service at the present time.

Regular conferences of the medical staff continue each term and it has been possible to maintain these study days at a high level with guest specialist lecturers. Five issues of *Clinical Notes* have been circulated to the staff. In-service post-graduate training is given priority when suitable courses are available.

It is a pleasure to record the increasingly close co-operation and joint effort between the Chief Education Officer and his staff and the School Health Services. Numerous joint meetings have been held and Dr. Smith continues to spend a considerable amount of time on lecturing activities to teachers and other groups on the problems of the school child. Through the School Medical Officers' Group Council he is also taking an active part in deliberations on the future care of epileptics; the needs of hæmophiliac children, and the need for an extension of health education in schools and training colleges. In this sphere the Health and Education Departments are starting to publish a joint bulletin during 1968 for circulation to teachers, medical, and nursing staffs. Dr. Smith is also a member of a working party at the Department of Education and Science which is reviewing all the current record forms used in the School Health Service.

The care of the physical and mental well-being of the child throughout the period of school life must be on a team basis and once more I wish to express my appreciation of the co-operation of all concerned.

Medical Inspections in Schools:

Changes are taking place in the system of inspections. All children will continue to be examined routinely on attaining school age but more selective examinations will take place afterwards combined with regular screening of vision and hearing by the nursing staff. Doctors are being encouraged to make more frequent visits to the schools to maintain a closer contact with teachers. These changes will not all be possible immediately, but the new pattern should steadily develop.

Care of Handicapped Pupils:

Much more attention is being given to the developmental assessment of children both in pre-school and school ages. Schemes are being developed for in-service training of medical and nursing staff.

It cannot be over-emphasized that all handicapped children must be regarded on an 'individual' basis. Although it may be administratively convenient to 'label' them into particular categories many of these children have multiple handicaps and do not always fit into particular groups. Great care is needed on occasion to provide a suitable placement for the individual child.

The education of handicapped children is receiving much attention by the Department of Education and Science and a survey has been carried out in three educational divisions of the West Riding by Her Majesty's Inspectors in co-operation with the local staffs. The survey sought to find how many handicapped children could be helped within the ordinary schools and to investigate the adequacy of home tuition facilities.

The parental attitude to a child with handicaps needs sympathetic handling and, in general, a more informal approach is now being made when children need to be examined rather than the use of the formal notices of appointment under Section 34 of the Education Act, 1944. Even with a less formal explanatory letter the Section 34 notice causes alarm and despondency. There is still room for improvement in the approach to parents when a special school, particularly if residential, is necessary. There are practical difficulties such as distance to be overcome, but if parents could be given the opportunity to visit the schools before the child was admitted many fears and difficulties would be overcome. It would also help the teaching staffs to meet both child and parents before admission.

It is debatable whether legal pressure on the parents to insist on a child's admission is justifiable. One must equate the child's particular needs with the problems arising when parents are forced to send the child against their will—often resulting in friction with the school from the start and emotional upset in the child.

Although the school leaving age at special schools is 16 years elasticity is sometimes desirable after due consideration by the teachers, doctors and others concerned.

Little change has taken place during the year in the provision for the physically handicapped and delicate children.

THE DEAF AND PARTIALLY HEARING CHILD:

The commencement of a peripatetic service in two areas of the West Riding in 1968 will enable a more adequate follow-up to be carried out of the children seen at the Doncaster and Otley Audiology Clinics and it is hoped to be able to report on the value of the new service next year.

THE EDUCATIONALLY SUBNORMAL CHILD:

The survey on various aspects of the ascertainment of this type of child referred in the 1966 annual report has continued and some of the aspects are the subject of a special review. (See 'Possible causative factors of retardation in the Child' on page 16).

Placement of children requiring admission to special schools still creates problems in some areas but these should be gradually overcome as more day schools are opened.

On leaving school, children who have been classified as 'educationally sub-normal' and admitted to special schools or those with recorded Intelligence Quotients of under 80 who remained in the ordinary schools are reviewed to decide if they are likely to have difficulties in settling down in employment, etc. If necessary they are referred for informal supervision by the mental welfare officers. During 1967, 109 children were referred.

The severely retarded child who is found to be unsuitable for school may be referred formally under Section 57 of the Education Act and 68 decisions were recorded in 1967 by the Education Authority. These were mainly children who had received a trial period at school. 'Voluntary admission' to mental health training centres for the pre-school child where the parents are agreeable is now part of established policy.

CHILDREN WITH SPEECH DEFECTS:

Owing to the continued shortage of therapists a limited speech therapy service is available in some areas only. Every effort is being made to recruit further staff and the situation has improved slightly during the year.

The Maladjusted Child:

In the report for 1966 reference was made to physical and environmental aspects of causation. Work is still proceeding in this sphere.

The increased facilities for child guidance clinics commenced in 1966 have been reflected in the numbers of children referred as frankly maladjusted and requiring admission to special schools. As forecast in the 1966 report the opening of the Moor Top School, Ackworth for maladjusted boys during 1967 has done little to relieve the pressure on the waiting lists. At the end of 1967 there were 28 boys and 7 girls awaiting placement at special schools.

Both the medical and educational departments are actively concerned with measures to help in the earlier recognition of emotional problems and in attempting to prevent the onset of frank maladjustment.

CHILD GUIDANCE SERVICE:

The work of the service has expanded during the year. References to the clinics come from a variety of agencies and general practitioners are making more use of the facilities provided. Dr. Orme comments "it is interesting to see that many referrals come from family practitioners even where the problem is purely one of behaviour without there being a specifically medical aspect." Liaison with the health visitors has been increased in the Harrogate area following consultations between Dr. Gore and the Divisional Nursing Officer.

Dr. Orme stresses the difficulties of deciding whether to put emphasis on diagnostic or on treatment sessions when demands on the staff exceed the time available and mentions the help of the departmental medical officers in keeping the waiting lists within reasonable proportions by undertaking some of this work. He also feels that closer contacts with the schools envisaged in the new schemes for medical officers' visits will bring about a greater awareness of those children in need of help.

The use of drugs in treating behaviour problems is receiving much attention but Dr. Orme's experience has been disappointing even when there are known abnormalities of brain function. "Anticonvulsants, antidepressants, tranquilisers and sedatives all have very uncertain effects on mood and behaviour in children and we have had practically no success with their use."

Dr. Orme also refers to the increased problems experienced by families living in flats. "It is apparent that the problems are exacerbated by inadequate play space for children and by children's nervous reactions to stairs and lifts. Consideration of the human problems produced by local authority planning can be an important aspect of preventive mental health."

The Remedial Class at the Harrogate clinic is now in the hands of Miss Stather who succeeded Miss Blackburn on her retirement. At the Swinton clinic the class had to be closed for a time following the departure of Miss Lynes to the Moor Top School, Ackworth. Another teacher has now been appointed and the class is being re-opened.

Better facilities for adolescents are still required. Reference for treatment often comes at an age when they are too old for the schools for the maladjusted. Dr. Orme reports that there is a growing number of suicidal gestures and more children need hospital treatment which is inadequate and at a long distance.

During the year considerable improvements have been made in the accommodation available at the Ossett clinic, but the facilities at the Barnsley clinic remain very inadequate and the present premises cannot be improved.

THE WORK OF THE PSYCHOLOGISTS:

With five psychologists working in the service throughout the year, four being full-time, and one part-time, it was possible for psychological help with testing and a variety of other work to be available at each of the child guidance clinics. The total number of children examined increased considerably compared with previous years, and the liaison work with schools was improved, particularly in certain areas of the county where the psychologists had more time for school visiting. This aspect of the service was helped considerably by two psychologists being able to share a proportion of the work at some clinics.

Over a thousand children were examined, 607 being children referred as maladjusted for full child guidance investigation, and 444 being children with a variety of handicaps or with particular learning problems who were referred for psychological assessment only.

Maladjusted Children:

Information is given in Appendix A regarding the age and ability ranges of these children. Boys outnumbered girls by 433 to 174. For both sexes, the numbers referred increased steadily with increasing age, more than half the children being over the age of 10 years at the time they were referred. Only two per cent. were pre-school children. Intelligence tests results show the clinic children to be slightly below the general population average, there being a preponderance of duller children referred.

It was requested that information also be provided on sources of referral according to age groups, and this information is given in Appendix A. Forty-five per cent. were referred by school medical officers, sixteen per cent. by headteachers, and eighteen per cent. by family doctors. Referrals direct from probation officers or the courts accounted for about six per cent. of the total. About two and a half per cent. were referred directly by parents. It is difficult to determine the exact number of children whose disturbance was manifest principally in school, but it is probable that most of those referred by school medical officers were brought to the notice of the school health service by headteachers.

Figures regarding symptoms of emotional disturbance show the usual preponderance of behaviour problems (67 per cent. of the boys and 56 per cent. of the girls). Nervous symptoms were the reason for referral in 32 per cent. of the girls and 20 per cent. of the boys.

Handicapped Children:

Early ascertainment of handicapping conditions is important, and 18 per cent. of the handicapped children examined were below school age. The majority of the older handicapped children were backward or retarded in some areas of school work, and were referred for this reason. It should be stressed that many of these children are found to have associated emotional problems and further psychiatric assessment was arranged for them.

A large proportion of handicapped children, amounting to 40 per cent. of the total, were generally backward in all aspects of their development. Thirty per cent. had learning difficulties not associated with low intelligence. Of those with sensory or physical handicaps, children with impaired hearing formed the majority.

Sources of referral are given also for handicapped children. 62 per cent. were referred by school medical officers, 18 per cent. by headteachers (principally of special schools), six per cent. by paediatricians and three per cent. by family doctors. Health visitors and speech therapists initiated the referral in several cases.

School Visiting:

This improved considerably, 442 school visits being made compared with 251 the previous year. At some clinics, more favourably situated geographically, it has become the practice for headteachers and their staff to visit the clinics regularly for informal case conferences. This has the considerable advantage that the staff of the schools are able to meet all members of the clinic teams and to learn much more about what the clinics are trying to achieve and how they operate.

Periodic visits continued to be made to special schools and audiology clinics.

Backwardness in Reading:

It is still a matter of concern to all the psychologists that they are seeing a substantial number of children who are backward and retarded in reading, and that extra remedial help is often difficult or impossible to obtain for them.

Nearly a quarter of all the children seen had some disability in reading, many of them being referred for this reason, but a larger number being referred as maladjusted, with a secondary reading problem. In all, 251 children (199 boys, 52 girls) were retarded readers in need of some remedial help: the average age of these children was between 9 and 10 years, average, I.Q. 92, and average reading quotient 65.

In areas where special class or remedial centre facilities are not yet available, the psychologists themselves continued to provide some help through remedial teaching.

THE PSYCHOTIC CHILD:

Despite the increasing awareness amongst all staff of the syndrome of 'autism' in childhood few new cases have come to light during 1967 and a number of previously suspected cases have not been confirmed after further investigation.

Minor Ailment Clinics:

The number of children treated for minor ailments continues to decline. In 1967, 2,968 children were seen; in 1966, 4,889.

Medical Examination of Entrants to Training Colleges:

In connection with their applications for entry to Training Colleges, 1,920 students were medically examined by the Departmental Medical Officers, compared with 1,844 for the year 1966 and 1,622 for the year 1965.

Children and Young Persons Act, 1933, Employment of Children:

Under the Authority's bye-laws relating to the employment of children, 1,036 children were examined by the Departmental Medical Officers to determine their fitness for employment. The figure includes children taking part in entertainments. Three children were found to be unfit.

It was agreed that the examinations could be selective for those children known from previous medical examinations or from information given by headteachers to have had some previous defect.

THE SCHOOL DENTAL SERVICE

The following is the report of the Principal School Dental Officer, Mr. Taylor.

In presenting my first annual report, I wish to put on record an appreciation of the work of Dr. Davies who left the service on 11th October, 1967.

His vision, enthusiasm and determination to make this service a model for the country and his success in this direction has been an inspiration to everyone associated with him. I am certain I speak for all members of staff and everyone with whom his office brought him in contact, in wishing him every success in his new post as Dental Adviser to the Ministry of Health and Social Services of Northern Ireland.

Staff:

On 31st December the full-time dental staff in post and the authorised establishment were as follows:—

	<i>Staff</i>	<i>Authorised Establishment</i>
Chief Dental Officer	1	1
County Orthodontist	1	1
Dental Specialist	1	1
Senior Clinical Dental Officers ...	4	5
Area Dental Officers... ..	16	18
Dental Officers	28	43
Dental Auxiliaries	3	10

In addition, there were 6 part-time dental officers contributing the equivalent of 1.8 dental officers. These figures represent a reduction in staff equivalent to 3.5 dental officers and 7 auxiliaries.

Recruitment of dental officers to the service has been poor throughout the year and for the first time for some years no newly-qualified dental surgeon from the Leeds Dental School was attracted to our service.

Once again the gap between the salaries of public dental officers and the remuneration to be had in the general dental service widened, and this, as in the past, had an adverse effect on recruitment. It is hoped that the recent salary award to public dental officers will help to reverse the trend.

The value of dental auxiliaries in both clinical and health education work has been established, but this value is seriously reduced by the strict degree of supervision demanded and also by the fact that of the 16 auxiliaries employed sometime by the Riding since 1962, four only have stayed for longer than one year. As the degree of re-organisation required to accommodate them and ensure full-time supervision is considerable, some assurance of at least two years' continuous service would be of great benefit to future planning of the service.

As in previous years, Dr. Davies held the post of part-time Lecturer in Public Dentistry at the Leeds University and a party of senior dental students was conducted round the Cleckheaton Health Centre. The value of this contact with a teaching hospital cannot be overstressed and I am pleased to be able to report

that I am succeeding to this lectureship and have planned a series of lectures to commence in January, 1968.

Throughout the year 12 dental officers attended post-graduate courses in public health dentistry, anæsthetics and dental health education.

Clinics and Equipment:

The old clinic at Brighouse, which was our first post-war adaptation, with all its limitations, has been replaced by a 4-surgery purpose-built wing which has been in operation since April.

The first phase of a 3-year programme to improve surgery lighting has been completed with the installation of 14 modern operating lights.

Inspection and Treatment:

3,765 fewer children were inspected and 5,377 fewer treated this year as compared with 1966 figures. This is to be expected with a reduction in staff. It is pleasing to report, however, that the output of work per session has been well maintained.

Under the supervision of Mr. Allen, a senior clinical dental officer, conservation under general anæsthesia has made progress from its commencement in November, 1966. In the course of the year, 68 visits were made by 48 patients. A total of 312 fillings were inserted and 44 teeth extracted, an average of 6.5 fillings and 1 extraction per patient. The children treated varied in age from 6 to 19 years and were selected for this form of treatment because of their extreme apprehension. In its absence, they would be untreatable. It is anticipated that many of the children attending training centres, who are not amenable to normal conservative treatment will be treated in this manner in the future.

Health Education:

Due to the ill-health in the early part of the year of Mr. Metcalfe, the area dental officer concerned with dental health education, the first campaign did not take place until June. By the end of the year, however, visits had been made to schools in the Guiseley, Worsbrough, Middlestown, Wath upon Dearne, Otley and Ilkley areas, during which 15,000 children received advice and instruction in the care of their teeth.

The talks and exhibitions were invariably well received and it is gratifying that a number of headteachers declared their intention of including reminders of the importance of dental health in the school curriculum and some invited Mr. Metcalfe to speak at meetings of Parent-Teacher Associations.

It is noteworthy that as our techniques in dental health education develop and as equipment and literature improve, requests are being received from other local authorities, initiating schemes of their own, for permission to reproduce some of our original material and in some cases for members of their staffs to visit us.

Orthodontics:

In presenting my first report as County Orthodontist, I wish to say that I am aware of the fine orthodontic service I have inherited from my predecessor, Miss Sclare, and conscious of my responsibility in maintaining the high standard set previously, and in continuing to improve the service.

The number of children requiring this specialised treatment in the West Riding is very large, and in order to cope effectively with the problem four full-time orthodontic specialists would be required. However, the establishment does not provide for this, therefore an attempt has to be made for as much treatment as possible to be provided by dental officers under guidance, and by a few senior officers who have had extra experience in this particular specialised branch of dentistry.

As orthodontics is a post-graduate subject and the treatment is very expensive and time consuming, I decided that before any orthodontic case was commenced by a dental officer, study models, radiographs and a diagnosis and suggested treatment plan should be submitted to me for my comments and approval. As a further check on the progress of treatment, I visit each clinic where orthodontic treatment is carried out approximately every six months, to examine patients undergoing treatment and discuss problems with the dental officers.

In an effort to reduce the number of cases discontinued through lack of co-operation, an orthodontic treatment agreement form was designed, and this is signed by a parent before any treatment is commenced. This makes the parent fully aware of his responsibility in ensuring that the child wears the appliance, brushes his teeth and attends regularly for any fillings which may be required.

In view of the loss of one full-time orthodontist from the staff and the increased supervision required, the number of cases treated during the year is very satisfactory. 2,526 removable appliances were fitted, this being 307 fewer than in 1966, but as a full-time orthodontist fits over 500 appliances in a year, this indicates an increase in the number of appliances fitted by dental officers. 133 fixed appliances were fitted as against 224 in 1966, and this is a downward trend which can be expected to continue because the design of removable appliances has so improved in recent years that more and more cases are being treated with them, so effecting a considerable saving in chairside time, as compared with the construction and fitting of fixed appliances.

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Table 1 Summary of Principal Vital Statistics, 1890—1967

Year	Live Birth Rate	Stillbirths per 1,000 total births	Death Rates							
			All Causes	Infective and Parasitic Diseases	Tuberculosis, Respiratory	Tuberculosis, Other Forms	*Respiratory Diseases	Cancer	Maternal Mortality per 1,000 total births	Infant Mortality
1890-1909	28.9	†	16.7	1.89	1.19	0.52‡	3.20	0.77‡	†	147
1910-1919	22.5	†	14.5	1.26	0.84	0.41	2.58	0.98	†	112
1920-1929	20.2	†	12.4	0.56	0.68	0.25	2.08	1.20	†	82
1930-1939	15.5	46	12.1	0.30	0.48	0.13	1.24	1.46	4.70	62
1940-1949	18.1	31	12.2	0.16	0.39	0.09	1.43	1.73	1.95	47
1950-1954	15.7	25	11.9	0.09	0.19	0.03	1.23	1.89	0.82	31
1955-1956	15.3	26	11.7	0.07	0.11	0.01	1.17	1.90	0.67	26
1957-1958	16.4	23	11.8	0.07	0.11	0.02	1.22	1.89	0.52	27
1959-1960	16.6	24	11.7	0.07	0.08	0.01	1.22	1.87	0.51	26
1961-1962	16.7	23	11.9	0.05	0.09	0.01	1.29	1.97	0.43	24
1963-1964	16.5	20	11.6	0.04	0.07	0.01	1.26	1.99	0.36	24
1965-1966	16.9	22	11.5	0.06	0.06	0.01	1.15	1.98	0.73	22
1967-1968	17.2	20	12.1	0.05	0.06	0.00	1.44	1.98	0.27	25
1969-1970	17.8	18	12.0	0.04	0.05	0.01	1.47	2.00	0.20	23
1971-1972	18.2	19	12.0	0.04	0.06	0.01	1.52	1.94	0.45	23
1973-1974	18.5	18	11.5	0.04	0.05	0.00	1.35	2.02	0.40	22
1975-1976	18.2	16	11.6	0.04	0.04	0.00	1.28	2.07	0.16	21
1977-1978	18.0	14	12.1	0.03	0.05	0.00	1.62	2.00	0.25	20
1979-1980	18.0	15	11.2	0.03	0.03	0.00	1.29	2.08	0.22	19

* Combined death rate from bronchitis, pneumonia and other respiratory diseases excluding tuberculosis and influenza.

† Figures not available.

‡ This rate is for the 10 years 1900-1909.

Table 2 Causes of Stillbirth

Cause and I.C.D. number	Number of stillbirths	Rate per 1,000 total births
Chronic disease in mother (Y 30)	3	0·09
Acute disease in mother (Y 31)	1	0·03
Diseases and conditions of pregnancy and childbirth (Y 32)	93	2·90
Absorption of toxic substance from mother ... (Y 33)	—	—
Difficulties in labour... .. (Y 34)	26	0·81
Other causes in mother (Y 35)	—	—
Placental and cord conditions (Y 36)	112	3·50
Birth injury (Y 37)	5	0·16
Congenital malformation of foetus (Y 38)	94	2·93
Diseases of foetus and ill-defined causes (Y 39)	154	4·81
All causes (Y 30—Y 39)	488	15·23

Table 3 Perinatal Mortality, 1957-67

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Perinatal mortality (per 1,000 total births)	39·7	36·7	33·7	35·9	34·2	31·5	31·1	30·0	27·3	25·1	26·1
Infant deaths at 1 week and over (per 1,000 total births)	9·9	9·9	10·2	8·5	10·1	9·9	10·1	9·5	9·0	8·8	8·1

Table 4 Causes of Infant Mortality

Aetiological Group	Cause of Death (and International Classification number)	Age at Death						
		Under 1 day	1 day and under 1 week	1 week and under 1 month	1 month and under 3 months	3 months and under 6 months	6 months and under 1 year	Total under 1 year
ALL CAUSES	All Causes	188	161	64	84	66	44	607
Prenatal and Natal Group (including congenital malformations)	Congenital malformations (750-759)	24	37	23	18	7	5	119
	Total causes mainly of prenatal and congenital malformations	158	111	9	2	—	—	280
	Intracranial and spinal injury at birth (760)	14	13	2	2	—	—	31
	Other birth injury (761)	3	—	—	—	—	—	3
	Postnatal asphyxia and atelectasis (762)	50	38	1	—	—	—	89
	Attributed to maternal toxæmia (769)	4	—	—	—	—	—	4
	Erythroblastosis (770)	3	6	1	—	—	—	10
	Hæmorrhagic disease of newborn (771)...	2	2	—	—	—	—	4
	Ill defined diseases of early infancy (773)	6	11	—	—	—	—	17
	Immaturity alone, or primary to diseases other than of early infancy (774, 776) ...	76	41	5	—	—	—	122
Postnatal Group	Total causes mainly of postnatal origin	1	10	25	53	55	31	175
	Causes classified as infective (001-138): others mainly infective in origin (340, 391-393, 765-768)	—	2	2	3	3	4	14
	Miliary tuberculosis (019)	—	—	—	—	1	—	1
	Meningococcal infections and non-meningococcal meningitis (057, 340)	—	1	1	2	1	1	6
	Measles (085)	—	—	—	—	—	1	1
	Causes classified as infective not mentioned above (remainder 001-138)	—	—	—	1	—	1	2
	Otitis media and mastoiditis (391-393)	—	—	—	—	—	1	2
	Sepsis of newborn (765-768)	—	1	1	—	—	—	2
	Pneumonia and bronchitis (490-493, 763, 500-502)	—	8	17	33	35	14	107
	Other diseases of respiratory system (470-475, 510-527)	—	—	1	4	4	3	12
Unclassified	Gastro-enteritis (including diarrhœa of newborn) (571, 764)	—	—	5	6	6	5	22
	Accidental mechanical suffocation from vomit, food, foreign body, or in cot (E921-E925)	—	—	—	7	6	2	15
	Lack of care (E926)	1	—	—	—	—	—	1
	Other violent causes (remainder E800-E999)	—	—	—	—	1	3	4
	Other remaining causes	5	3	2	11	4	8	33

Table 5 Infant Mortality, 1901-67—Rates per 1,000 live births

Period	Average Infant Mortality Rate		Year	Infant Mortality Rate	
	England and Wales	Administrative County		England and Wales	Administrative County
1901-1910	128	135	1961	21	25
1911-1920	100	109	1962	22	23
1921-1930	72	80	1963	21	23
1931-1940	59	61	1964	20	22
1941-1945	50	50	1965	19	21
1946-1950	36	40	1966	19	20
1951-1955	27	29	1967	18	19
1956-1960	23	25			

Table 6 Infant Mortality, 1963-67

	Number of Deaths					Deaths per 1,000 Live Births				
	1963	1964	1965	1966	1967	1963	1964	1965	1966	1967
<i>Male Infants—</i>										
Under 4 weeks ...	269	281	255	226	237	17.0	17.4	15.6	14.2	14.5
4 weeks—3 months ...	43	52	56	57	44	2.7	3.2	3.4	3.6	2.7
3—6 months ...	42	37	39	36	42	2.7	2.3	2.4	2.3	2.6
6—12 months ...	43	34	35	38	23	2.7	2.1	2.1	2.4	1.4
Total under 1 year ...	397	404	385	357	346	25.1	25.0	23.6	22.4	21.2
<i>Female Infants—</i>										
Under 4 weeks ...	192	206	183	171	176	12.8	13.3	12.1	11.0	11.6
4 weeks—3 months ...	45	32	34	25	40	3.0	2.1	2.2	1.6	2.6
3—6 months ...	49	35	23	46	24	3.3	2.3	1.5	3.0	1.6
6—12 months ...	24	27	27	24	21	1.6	1.7	1.8	1.5	1.4
Total under 1 year ...	310	300	267	266	261	20.7	19.4	17.6	17.1	17.2
<i>All Infants—</i>										
Under 4 weeks ...	461	487	438	397	413	15.0	15.4	13.9	12.6	13.1
4 weeks—3 months ...	88	84	90	82	84	2.9	2.7	2.9	2.6	2.7
3—6 months ...	91	72	62	82	66	3.0	2.3	2.0	2.6	2.1
6—12 months ...	67	61	62	62	44	2.2	1.9	2.0	2.0	1.4
Total under 1 year ...	707	704	652	623	607	23.0	22.2	20.7	19.8	19.2

Table 7 Neonatal Mortality, 1961-67

	Number of Deaths							Deaths per 1,000 Live Births						
	1961	1962	1963	1964	1965	1966	1967	1961	1962	1963	1964	1965	1966	1967
Under 1 day ...	238	235	231	203	200	191	188	8.3	7.9	7.5	6.4	6.4	6.1	6.0
1—6 days ...	170	160	159	196	163	152	161	6.0	5.4	5.2	6.2	5.2	4.8	5.1
1—4 weeks ...	62	72	71	88	75	54	64	2.2	2.4	2.3	2.8	2.4	1.7	2.0
Total under 4 weeks	470	467	461	487	438	397	413	16.5	15.7	15.0	15.4	13.9	12.6	13.1

able 8 Principal Causes of Death, 1967

Cause of Death	Under 4 weeks	4 weeks and under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and over	Total
1. Tuberculosis, respiratory ...	—	—	—	—	—	—	3	2	16	22	13	56
2. Tuberculosis, other ...	—	1	—	—	—	2	2	—	1	—	2	8
3. Syphilitic disease ...	—	—	—	—	—	—	—	1	1	11	5	18
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough ...	—	—	1	—	—	—	—	—	—	—	—	1
6. Meningococcal infections ...	—	1	1	—	—	—	—	—	—	—	—	2
7. Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	1	1	—	—	—	—	—	—	—	—	3
9. Other infective and parasitic diseases ...	—	2	2	1	—	1	2	5	6	6	6	31
Total—Infective & Parasitic Diseases excl. Tub.	—	4	5	2	—	1	2	6	7	17	11	55
10. Malignant neoplasm, stomach ...	—	—	—	—	1	5	8	26	113	151	165	469
11. Malignant neoplasm, lung, bronchus ...	—	—	—	—	1	4	15	97	271	298	130	816
12. Malignant neoplasm, breast ...	—	—	—	—	—	6	20	58	94	75	68	321
13. Malignant neoplasm, uterus ...	—	—	—	—	—	1	6	35	34	49	33	158
14. Other malignant and lymphatic neoplasms ...	—	2	9	12	17	27	58	168	441	545	514	1,793
15. Leukæmia, aleukæmia ...	—	3	3	6	7	3	10	4	19	17	26	98
Total—All forms of Cancer	—	5	12	18	26	46	117	388	972	1,135	936	3,655
16. Diabetes ...	—	—	1	2	1	4	2	9	29	62	71	181
17. Vascular lesions of nervous system ...	—	1	—	—	6	12	29	77	342	855	1,708	3,030
18. Coronary disease, angina ...	—	—	—	—	1	8	92	369	1,016	1,483	1,446	4,415
19. Hypertension with heart disease ...	—	—	—	—	—	1	5	14	32	93	155	300
20. Other heart disease ...	—	2	—	—	5	15	19	76	176	409	1,146	1,848
21. Other circulatory disease ...	—	1	1	—	3	5	6	24	92	248	520	900
Total—Heart and Circulatory Diseases	—	3	1	—	9	29	122	483	1,316	2,233	3,267	7,463
22. Influenza ...	—	—	—	—	—	1	—	2	2	2	3	10
23. Pneumonia ...	25	63	16	4	3	4	10	16	58	202	529	930
24. Bronchitis ...	—	19	2	2	2	3	11	39	195	421	462	1,156
25. Other diseases of respiratory system ...	1	11	3	—	1	2	7	12	30	49	69	185
Total—Diseases of the Respiratory System incl. Influenza and excluding Tuberculosis	26	93	21	6	6	10	28	69	285	674	1,063	2,281
26. Ulcer of stomach and duodenum ...	—	1	—	—	—	1	2	14	25	32	44	119
27. Gastritis, enteritis and diarrhoea ...	5	17	7	1	1	1	5	1	6	22	29	95
28. Nephritis and nephrosis ...	—	1	—	2	5	8	9	13	15	26	20	99
29. Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	3	12	46	61
30. Pregnancy, childbirth, abortion ...	—	—	—	—	4	—	3	—	—	—	—	7
31. Congenital malformations ...	89	30	8	8	1	5	8	7	9	3	5	173
32. Other defined and ill-defined diseases ...	292	19	11	17	21	18	43	91	156	249	518	1,435
33. Motor vehicle accidents ...	—	—	11	24	101	28	15	33	42	31	30	315
34. All other accidents ...	1	19	13	11	21	16	24	39	38	68	186	436
35. Suicide ...	—	—	—	—	8	23	28	37	50	25	18	189
36. Homicide and operations of war ...	—	—	—	—	7	1	—	2	2	2	1	15
Total—Accidents, Suicide and Violence	1	19	24	35	137	68	67	111	132	126	235	955
Total—All Causes	413	194	90	91	217	205	442	1,271	3,314	5,468	7,968	19,673

Table 9 Percentage contribution of the five principal cause groups of death to all causes, 1963—67

Cause Group						1963	1964	1965	1966	1967
Heart and circulatory diseases						37·8	37·9	38·5	37·1	37·9
Malignant neoplasms						16·2	17·5	17·8	16·6	18·6
Vascular lesions of nervous system						15·4	15·1	15·6	15·5	15·4
Diseases of respiratory system						13·1	11·9	11·2	14·3	11·6
Accidents, suicide and violence						5·0	5·3	4·7	4·7	4·9
TOTAL						87·5	87·6	87·7	88·1	88·4

Table 10 Cancer Mortality, 1962—67

Year		Stomach	Lung, Bronchus	Breast	Uterus	Other Mal- ignant and Lymphatic Neoplasms	Leukæmia, Aleukæmia	Total All Sites
1962	M.	274	584	1	—	871	54	1,784
	F.	248	95	304	126	728	68	1,569
	T.	522	679	305	126	1,599	122	3,353
1963	M.	275	611	2	—	869	48	1,805
	F.	227	93	279	155	686	46	1,486
	T.	502	704	281	155	1,555	94	3,291
1964	M.	259	589	2	—	893	64	1,807
	F.	205	96	321	163	816	53	1,654
	T.	464	685	323	163	1,709	117	3,461
1965	M.	298	723	1	—	877	56	1,955
	F.	212	104	301	165	800	46	1,628
	T.	510	827	302	165	1,677	102	3,583
1966	M.	236	667	3	—	896	46	1,848
	F.	216	116	320	163	795	45	1,655
	T.	452	783	323	163	1,691	91	3,503
1967	M.	283	707	8	—	925	49	1,972
	F.	186	109	313	158	868	49	1,683
	T.	469	816	321	158	1,793	98	3,655

Table 11 Mortality from Heart and Circulatory Diseases, 1962—67

Year	Coronary disease, angina		Hypertension with heart disease		Other heart disease		Other circulatory disease		Total	
	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate
1962	3,928	2.34	423	0.25	2,414	1.44	886	0.53	7,651	4.56
1963	4,106	2.42	342	0.20	2,336	1.38	898	0.53	7,682	4.53
1964	4,117	2.41	326	0.19	2,108	1.23	923	0.54	7,474	4.37
1965	4,480	2.59	305	0.18	1,993	1.15	975	0.56	7,753	4.48
1966	4,519	2.58	306	0.17	2,069	1.18	945	0.54	7,839	4.48
1967	4,415	2.52	300	0.17	1,848	1.05	900	0.51	7,463	4.26

Table 12 Mortality from Respiratory Diseases, 1962—67

Year	Influenza	Pneumonia	Bronchitis	Other diseases of the Respiratory System	Total
1962	78	980	1,281	203	2,542
1963	75	1,067	1,338	181	2,661
1964	37	905	1,184	215	2,341
1965	25	911	1,120	191	2,247
1966	174	1,135	1,488	216	3,013
1967	10	930	1,156	185	2,281

Table 13 Maternal Mortality, 1963-67—Rates per 1,000 total births

Cause of Death	1963		1964		1965		1966		1967	
	Admin. County	England and Wales	Admin. County	England and Wales	Admin. County	England and Wales	Admin. County	England and Wales	Admin. County	England and Wales
Maternal sepsis (not associated with abortion) ...	0·16	0·03	0·09	0·04	—	0·03	0·06	0·02	0·06	} 0·16
Toxæmias of pregnancy and puerperium (not associated with abortion) ...	0·10	0·05	—	0·04	0·03	0·05	0·13	0·04	0·12	
Other complications of pregnancy, childbirth and the puerperium ...	0·16	0·14	0·16	0·12	0·13	0·11	0·03	0·13	0·03	
Abortion (with or without mention of sepsis or toxæmia) ...	0·03	0·06	0·16	0·06	—	0·06	0·03	0·06	—	0·04
Total Maternal Mortality...	0·45	0·28	0·40	0·25	0·16	0·25	0·25	0·26	0·22	0·20

Table 14 Mortality from Violent Causes, 1962—67

Year	Motor Vehicle Accidents	Accidents in the Home	All other Accidents	Suicide	Homicide and Operations of War	Total Accidents, Suicide, Homicide
1962	254	292	191	178	9	924
1963	254	329	223	207	6	1,019
1964	314	299	213	196	15	1,037
1965	301	284	168	176	8	937
1966	295	293	200	186	13	987
1967	315	266	170	189	15	955

Table 15 Mortality from Home Accidents

Cause of Death		Age at Death—Years							All ages
		Under 1	1-4	5-44	45-54	55-64	65-74	75 and over	
Accidental poisoning by solid and liquid substances ...	M.	—	—	4	3	1	4	—	12
	F.	—	—	2	1	1	4	—	8
Accidental poisoning by gases and vapours ...	M.	—	1	2	1	1	2	7	14
	F.	1	1	1	1	1	4	4	13
Accidental falls ...	M.	—	1	—	—	7	11	29	48
	F.	1	1	—	—	1	23	103	129
Accidents caused by burns and scalds ...	M.	—	—	—	—	—	—	1	1
	F.	—	1	1	—	1	—	3	6
Inhalation of food or vomit ...	M.	7	—	3	1	—	—	1	12
	F.	1	—	—	—	—	—	1	2
Accidental mechanical suffocation ...	M.	4	1	—	—	3	—	—	8
	F.	2	2	—	—	—	1	—	5
Other and unspecified accidents	M.	1	—	3	—	—	—	—	4
	F.	1	—	1	—	—	—	2	4
Total ...		12	3	12	5	12	17	38	99
		6	5	5	2	4	32	113	167

Table 16 Suicides

External Agent		Age at Death — Years								All ages
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	
Domestic gas poisoning ...	M.	—	5	9	6	6	10	5	2	43
	F.	—	—	1	2	1	6	1	3	14
Other poisoning ...	M.	—	1	3	4	3	12	2	2	27
	F.	—	1	6	5	13	10	5	3	43
Hanging or strangulation ..	M.	—	—	—	2	—	2	3	1	8
	F.	—	1	—	—	3	—	1	1	6
Drowning ...	M.	—	—	—	1	1	1	3	3	9
	F.	—	—	—	1	3	1	3	1	9
Firearms ...	M.	—	—	2	4	3	4	1	—	14
	F.	—	—	—	—	—	—	—	—	—
Cutting instruments ...	M.	—	—	—	—	—	3	1	1	5
	F.	—	—	1	—	—	—	—	—	1
Jumping before or lying in path of moving vehicles ...	M.	—	—	—	1	1	—	—	—	2
	F.	—	—	1	—	1	—	—	—	2
Jumping from high places ...	M.	—	—	—	—	—	1	—	—	1
	F.	—	—	—	—	1	—	—	—	1
Other agents ...	M.	—	—	—	2	1	—	—	1	4
	F.	—	—	—	—	—	—	—	—	—
Total—All Agents ...		—	6	14	20	15	33	15	10	113
		—	2	9	8	22	17	10	8	76

Table 17 Child Mortality, 1911—67

Cause of Death	Annual Averages for Quinquennia								1965	1966	1967
	1911-15	1927-31	1935-39	1940-44	1945-49	1950-54	1955-59	1960-64			
Measles	439	107	27	18	10	4	2	2	—	2	1
Whooping cough	167	67	29	20	11	5	1	<1	—	—	1
Diphtheria	110	47	51	32	5	1	—	<1	—	—	—
Other infective and parasitic diseases, excluding tuberculosis . . .	54	45	18	13	7	9	7	3	5	3	3
Tuberculosis, respiratory	47	13	5	4	4	1	—	<1	—	—	—
Tuberculosis, other	201	82	37	39	30	11	2	<1	—	—	—
Cancer	3	5	4	6	4	9	9	11	16	16	12
Heart and circulatory diseases	4	3	2	1	1	—	1	1	1	1	1
Influenza	6	43	10	11	4	2	2	<1	—	1	—
Pneumonia	457	321	121	85	42	19	14	14	16	15	16
Bronchitis	150	42	10	17	9	6	6	6	1	4	2
Other diseases of respiratory system	49	15	6	5	3	2	2	1	2	1	3
Diarrhœa and other digestive diseases	248	45	38	23	17	4	4	5	3	6	7
Congenital debility, malformations	12	9	7	10	12	13	12	11	4	14	8
Accidents	82	54	50	47	38	27	23	27	21	27	24
Other causes	323	119	52	45	30	23	12	22	20	18	12
All causes	2,352	1,017	467	376	227	136	97	107	89	108	90
Death rate per 1,000 living in the age group	17·13	10·62	5·09	4·17	2·23	1·29	0·99	0·97	0·75	0·90	0·74

Table 18 Incidence and Notification of Infectious Disease

Smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, and the fevers known by any of the following names, typhus, typhoid, enteric, or relapsing, are compulsorily notifiable under Section 144 of the Public Health Act, 1936; chicken-pox is notifiable under Section 147 of the same Act in some West Riding County Districts; food poisoning under Section 26 of the Food and Drugs Act, 1955. The following communicable diseases are compulsorily notifiable under the regulations stated in parentheses—measles and whooping cough (Measles and Whooping Cough Regulations, 1940); meningococcal infection, acute poliomyelitis—paralytic and non-paralytic, and acute encephalitis—infective and post-infectious (Acute Poliomyelitis, Acute Encephalitis and Meningococcal Infection Regulations, 1949); ophthalmia neonatorum (Ophthalmia Neonatorum Regulations, 1926, 1928 and 1937); puerperal pyrexia (Puerperal Pyrexia (Amendment) Regulations, 1954); tuberculosis (Tuberculosis Regulations, 1952); malaria, dysentery and acute primary and influenzal pneumonia (Public Health (Infectious Diseases) Regulations, 1953); plague (Notification of Case of Plague (General) Regulations, 1900); anthrax (Public Health (Infectious Diseases) Amendment Regulations, 1960); leprosy (Public Health (Leprosy) Regulations, 1966). The contagious diseases of syphilis, gonorrhœa and soft chancre (classed under the term venereal diseases) and scabies are not compulsorily notifiable.

Table 19 Notification of Infectious Disease, 1962—67

Disease	Number of corrected notifications					
	1962	1963	1964	1965	1966	1967
Scarlet Fever	652	757	1,201	1,568	1,353	1,145
Whooping Cough	241	925	1,494	360	651	1,805
Acute Poliomyelitis (paralytic) ...	7	1	3	4	—	—
Acute Poliomyelitis (non-paralytic) ...	3	—	—	1	—	—
Measles	11,485	19,882	14,385	18,175	17,567	13,528
Diphtheria	1	6	9	—	—	—
Dysentery	920	545	432	934	630	357
Meningococcal Infection	20	27	17	13	17	10
Acute Pneumonia (primary or influenzal)	578	667	365	327	390	257
Smallpox	2	—	—	—	—	—
Acute Encephalitis (infective)	2	3	2	1	3	5
Acute Encephalitis (post-infectious) ...	4	4	2	1	—	3
Typhoid Fever	2	5	1	1	—	—
Paratyphoid Fever	11	28	6	18	1	1
Erysipelas	57	78	72	86	59	64
Food Poisoning	56	93	114	82	68	56
Ophthalmia Neonatorum	3	5	5	1	3	5
Puerperal Pyrexia	51	69	44	47	32	27
Tuberculosis:						
Respiratory	469	467	423	357	355	275
Other Forms	64	75	73	72	68	47
* Malaria	1	—	1	—	—	1
Anthrax	1	2	—	—	2	—
Leprosy	†	†	†	†	2	—

*All the cases were believed to be contracted abroad.

†Figures not available.

Table 20 Notification of Infectious Disease—1967

Age Group	SCARLET FEVER		WHOOPING COUGH		ACUTE POLIOMYELITIS (PARALYTIC)		ACUTE POLIOMYELITIS (NON-PARALYTIC)		MEASLES		DIPHTHERIA		DYSENTERY		MENINGOCOCCAL INFECTION	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified ...	535	614	817	986	—	—	—	—	6,946	6,588	—	—	277	266	8	5
(All ages)	1,149		1,803		—		—		13,534		—		542		13	
Final numbers after correction																
Under 1 year ...	2	1	63	79	—	—	—	—	320	299	—	—	12	13	2	3
1—2 years ...	19	8	87	80	—	—	—	—	815	793	—	—	16	15	1	—
2—3 " ...	37	40	121	151	—	—	—	—	1,045	987	—	—	15	9	—	—
3—4 " ...	49	63	112	154	—	—	—	—	1,069	1,027	—	—	18	7	—	—
4—5 " ...	87	80	126	120	—	—	—	—	1,082	976	—	—	9	8	—	—
5—9 " ...	264	329	279	339	—	—	—	—	2,364	2,291	—	—	51	39	—	—
10—14 " ...	52	63	27	28	—	—	—	—	135	109	—	—	22	15	1	—
15—24 " ...	18	17	2	8	—	—	—	—	55	46	—	—	6	16	1	—
25 and over ...	2	6	4	17	—	—	—	—	13	17	—	—	30	50	—	2
Age unknown ...	4	4	4	4	—	—	—	—	49	36	—	—	3	3	—	—
Total (all ages) ...	534	611	825	980	—	—	—	—	6,947	6,581	—	—	182	175	5	5
	1,145		1,805		—		—		13,528		—		357		10	
Age Group	ACUTE PNEUMONIA		SMALLPOX		ACUTE ENCEPHALITIS (INFECTIVE)		ACUTE ENCEPHALITIS (POST-INFECTIONOUS)		TYPHOID FEVER		PARATYPHOID FEVER		ERYSIPELAS		FOOD POISONING	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified ...	124	134	—	—	2	3	1	2	1	—	—	2	21	42	75	62
(All ages)	258		—		5		3		1		2		63		137	
Final numbers after correction																
Under 5 years ...	17	21	—	—	—	—	1	—	—	—	—	—	—	1	4	6
5—14 " ...	14	13	—	—	1	2	—	1	—	—	—	1	1	3	5	1
15—44 " ...	24	29	—	—	—	1	—	1	—	—	—	—	4	9	6	12
45—64 " ...	41	25	—	—	1	—	—	—	—	—	—	—	9	20	4	7
65 and over ...	25	42	—	—	—	—	—	—	—	—	—	—	6	9	7	1
Age unknown ...	3	3	—	—	—	—	—	—	—	—	—	—	1	1	—	3
	124	133	—	—	2	3	1	2	—	—	—	1	21	43	26	30

Table 21 Whooping Cough—Incidence and Mortality, 1954—67

Period	Under 1 year			1—4 years			5 years and over			Total		
	No. of notifications	No. of d'ths	Fatality ratio per cent.	No. of notifications	No. of d'ths	Fatality ratio per cent.	No. of notifications	No. of d'ths	Fatality ratio per cent.	No. of notifications	No. of d'ths	Fatality ratio per cent.
1954-6	952	11	1.15	4,908	4	0.08	4,769	1	0.02	10,629	16	0.15
1957-9	418	6	1.44	2,007	2	0.10	1,843	1	0.05	4,268	9	0.21
1960-2	458	3	0.66	1,996	1	0.05	1,852	—	—	4,306	4	0.09
1963	110	2	1.82	433	—	—	382	—	—	925	2	0.22
1964	152	—	—	761	—	—	581	—	—	1,494	—	—
1965	36	—	—	205	—	—	119	—	—	360	—	—
1966	55	—	—	339	—	—	257	—	—	651	—	—
1967	142	—	—	951	1	0.11	712	—	—	1,805	1	0.06

Table 22 Vaccination against Poliomyelitis

<i>Age Group</i>	<i>Total Protected</i>	<i>Percentage of Age Group Protected</i>
6—12 months	9,314	61.1
1— 2 years	23,111	74.6
2— 3 years	24,342	79.8
3— 4 years	25,226	85.5
4—25 years	530,560	97.2
25—34 years	114,606	67.7
*Others 34—42 years	78,578	38.9
Total all groups	805,737	78.7

*Includes also those at “special risk”

Table 23 Measles—Incidence and Mortality, 1954—67

Year	Number of notifications	Number of deaths	Fatality ratio (deaths per 100 notifications)	Year	Number of notifications	Number of deaths	Fatality ratio (deaths per 100 notifications)
1954	5,558	3	0.05	1961	29,225	8	0.03
1955	29,357	4	0.01	1962	11,485	3	0.03
1956	3,281	1	0.03	1963	19,882	5	0.03
1957	28,352	5	0.02	1964	14,385	5	0.03
1958	6,183	1	0.02	1965	18,175	3	0.02
1959	24,480	6	0.02	1966	17,567	3	0.02
1960	4,636	—	—	1967	13,528	3	0.02

Table 24 Diphtheria Immunisation, 1948—67

NUMBER OF CHILDREN IMMUNISED

Year	Number of children who completed a full course of immunisation			Number of children who were given a reinforcing injection	
	Under 5	5—14	Total		
1948	20,958	6,220	27,178	19,274	
1949	20,728	7,162	27,890	18,071	
1950	14,836	3,961	18,797	13,929	
1951	16,606	5,567	22,173	17,092	
1952	15,798	5,298	21,096	23,390	
1953	13,768	4,893	18,661	22,614	
1954	15,207	5,013	20,320	22,515	
1955	13,566	4,516	18,082	18,663	
1956	14,874	4,367	19,241	18,130	
1957	15,032	4,803	19,835	15,034	
1958	17,273	2,368	19,641	9,541	
1959	20,162	2,892	23,054	14,852	
1960	23,351	5,363	28,714	21,653	
1961	23,982	8,108	32,090	20,557	
1962	21,086	2,908	23,994	9,730	
1963	22,853	3,186	26,039	14,642	
1964	24,954	3,009	27,963	20,928	
	Under 4	Aged 4 but under 8	Aged 8 but under 16	Total	
1965	25,296	2,436	1,265	28,997	21,394
1966	24,729	1,669	741	27,139	22,789
1967	26,465	2,274	1,259	29,998	29,400

NUMBER IMMUNISED
(0—14 years age group)

Year	Under 5	Percentage of population under 5	5—14	Percentage of population 5—14	Total under 15	Percentage of population under 15
1948	59,795	44.1	139,194	65.0	198,989	56.9
1949	64,811	46.7	143,966	65.8	208,777	58.4
1950	66,484	47.9	150,179	67.1	216,663	59.7
1951	66,077	47.4	150,177	70.1	216,254	61.5
1952	60,885	46.4	177,875	74.8	238,760	64.7
1953	54,304	42.9	198,151	81.4	252,455	68.2
1954	55,990	45.2	217,052	87.5	273,042	73.4
1955	53,180	43.6	224,126	88.3	277,306	73.8
1956	53,147	43.6	233,120	90.2	286,267	75.2
1957	54,572	44.1	231,100	89.2	285,672	74.6
1958	58,457	46.4	226,593	87.3	285,050	73.9
1959	64,878	50.5	219,178	85.1	284,056	73.6
1960	73,078	55.4	226,566	88.5	299,644	77.3
1961	83,024	61.7	234,805	92.1	318,829	81.9
1962	86,851	63.1	220,347	88.4	307,198	79.4
1963	89,374	63.7	217,400	85.8	306,774	77.9
1964	96,194	66.4	218,706	86.4	314,900	79.2
1965	101,711	68.4	216,510	84.6	318,221	78.7
1966	103,863	68.6	221,577	85.4	325,440	78.9
1967	109,455	72.0	232,276	88.4	341,731	82.4

Table 25 Dysentery—Incidence, 1961—67

	Males				Females				Persons			
	All ages	0—	5—	10+	All ages	0—	5—	10+	All ages	0—	5—	10+
1961	592	206	159	227	574	177	136	261	1,166	383	295	488
1962	446	158	142	146	474	152	142	180	920	310	284	326
1963	260	90	76	94	285	84	47	154	545	174	123	248
1964	214	74	47	93	218	56	38	124	432	130	85	217
1965	477	163	150	164	457	163	106	188	934	326	256	352
1966	306	105	92	109	324	101	90	133	630	206	182	242
1967	182	70	51	61	175	52	39	84	357	122	90	145

Table 26 Meningococcal Infection—Incidence and Mortality, 1950—67

Year	Number of notifications	Number of deaths	Fatality ratio (deaths per 100 notifications)
1950	55	14	25.5
1951	57	13	22.8
1952	50	6	12.0
1953	37	12	32.4
1954	41	15	36.6
1955	39	10	25.6
1956	71	9	12.7
1957	64	13	20.3
1958	48	7	14.6
1959	30	6	20.0
1960	23	4	17.4
1961	32	5	15.6
1962	20	4	20.0
1963	27	7	25.9
1964	17	1	5.9
1965	13	3	23.1
1966	17	1	5.9
1967	10	2	20.0

Table 27 Vaccination against Smallpox

VACCINATIONS AND RE-VACCINATIONS, 1964—67

Year	Vaccinations							
	0-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1	2-4	5-14	Total
1964	311	373	337	430	5,456	1,667	325	8,899
1965	176	188	277	471	7,193	3,232	414*	11,951
1966	108	218	276	434	8,217	3,719	1,262	14,234
1967	133	148	229	354	8,941	3,969	768*	14,542

Year	Re-Vaccinations							
	0-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1	2-4	5-14	Total
1964	-	-	-	1	16	76	208	301
1965	-	-	-	-	2	77	363*	442
1966	-	-	-	1	16	106	996*	1,119
1967	-	-	-	1	16	77	509*	603

*5-15 years of age

No reports of cases suffering from complications due to vaccination were received.

Table 28 Deaths from Tuberculosis

Classification	Age at Death in Years																				Total		Grand Total
	0—		1—		5—		15—		25—		35—		45—		55—		65—		75—				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M.	F.	
Respiratory ...	-	-	-	-	-	-	-	-	-	-	3	-	2	-	13	3	19	3	10	3	47	9	56
Non-respiratory	1	-	-	-	-	-	-	-	1	1	2	-	-	-	1	-	-	-	2	-	7	1	8
Totals ...	1	-	-	-	-	-	-	-	1	1	5	-	2	-	14	3	19	3	12	3	54	10	64

Table 29 Notification of Tuberculosis

		AGE PERIODS													Total all Ages
		0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	
FORMAL NOTIFICATIONS:															
Respiratory, Males	...	2	-	3	3	4	6	11	21	25	43	32	30	8	188
Respiratory, Females	...	-	-	2	2	7	8	5	16	12	16	2	8	9	87
Non-Respiratory, Males	...	-	-	-	1	2	1	2	4	1	5	-	-	2	18
Non-respiratory, Females	...	-	-	-	1	2	1	4	8	7	1	2	2	1	29
															322
SUPPLEMENTAL NOTIFICATIONS:															
Respiratory, Males	...	-	-	-	-	-	-	1	-	-	-	3	6	2	12
Respiratory, Females	...	-	-	-	-	-	-	-	-	-	1	-	1	-	2
Non-respiratory, Males	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-respiratory, Females		-	-	-	-	-	-	-	-	-	-	-	-	-	-
															14

The sources of information of the supplemental notifications were Local Registrars (4 respiratory), transferable deaths from the Registrar General (2 respiratory) and posthumous notifications (8 respiratory).

Table 30 Tuberculosis—Number of Cases on Register

Div. No.	Number of cases on register 1st January, 1967				Number of cases added to register				Number of cases removed from register				Number of cases remaining on register 31st December, 1967				Per 1,000 Popu- lation	
	Respiratory		Non-Res- piratory		Respi- ratory		Non-Res- piratory		Respi- ratory		Non-Res- piratory		Respiratory		Non-Res- piratory			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1	153	82	18	32	4	3	1	1	29	28	1	9	128	57	18	24	227	2.8
3	160	70	12	16	17	5	—	—	16	11	2	1	161	64	10	15	250	4.5
4	175	76	6	12	11	8	—	2	30	16	1	6	156	68	5	8	237	3.4
5	228	135	19	21	25	12	—	4	30	19	4	2	223	128	15	23	389	3.2
7	171	101	11	20	13	9	—	2	14	9	—	—	170	101	11	22	304	2.7
9	142	103	26	20	13	12	2	2	32	30	4	6	123	85	24	16	248	1.9
10	97	72	11	14	3	3	1	1	7	8	4	1	93	67	8	14	182	3.9
11	190	124	17	16	5	4	1	2	16	6	—	1	179	122	18	17	336	5.8
12	212	149	38	51	10	5	3	2	16	10	4	—	206	144	37	53	440	6.3
13	75	46	8	19	10	9	—	3	14	12	—	1	71	43	8	21	143	1.6
15	94	67	44	19	16	6	4	4	19	13	5	5	91	60	43	18	212	2.0
18	287	170	28	13	26	10	—	2	53	39	7	2	260	141	21	13	435	3.9
20	119	70	20	27	15	6	1	1	17	11	—	2	117	65	21	26	229	2.5
23	207	142	23	33	12	4	1	2	11	8	—	—	208	138	24	35	405	5.9
Leeds R.H.B.	2,310	1,407	281	313	180	96	14	28	304	220	32	36	2,186	1,283	263	305	4,037	3.3
22	301	149	76	62	11	5	1	4	55	31	3	13	257	123	74	53	507	6.2
25	244	136	18	14	2	9	1	—	31	14	8	1	215	131	11	13	370	4.6
26	388	225	47	62	12	6	2	1	27	15	1	—	373	216	48	63	700	6.4
27	262	191	86	66	26	9	1	2	69	41	10	8	219	159	77	60	515	4.2
29	84	46	19	5	5	2	—	—	17	9	—	—	72	39	19	5	135	3.5
31	223	125	39	39	11	2	1	2	8	3	1	1	226	124	39	40	429	4.1
Sheff. R.H.B.	1,502	872	285	248	67	33	6	9	207	113	23	23	1,362	792	268	234	2,656	4.9
West Riding	3,812	2,279	566	561	247	129	20	37	511	333	55	59	3,548	2,075	531	539	6,693	3.8

Table 31 B.C.G. Vaccination

Details of B.C.G. vaccination given to the various categories under Section 28 of the National Health Service Act are shown below:—

(a) CONTACTS.—A further 1,683 contacts were vaccinated, 3 of them being unsuccessful. Full details are shown below.

				AGE GROUPS										All Ages		
				Under 1 year Months				Years								
				0–	1–	3–	6–	1–	2–	3–	4–	5–	10–		15–	20–
Vaccinated:																
Male	...	...	...	127	97	52	29	51	40	32	32	261	63	28	21	833
Female	...	...	...	131	103	53	37	34	35	34	33	246	65	33	46	850
TOTAL	...	...	...	258	200	105	66	85	75	66	65	507	128	61	67	1,683
Result of Vaccination:																
Successful:																
Male	...	...	...	81	79	41	22	44	33	29	27	87	52	23	18	536
Female	...	...	...	87	85	44	28	25	29	21	24	85	54	28	40	550
TOTAL	...	...	...	168	164	85	50	69	62	50	51	172	106	51	58	1,086
Unsuccessful	...	...	...	–	–	–	–	2	–	–	1	–	–	–	–	3
Not finally ascertained	...			90	34	20	16	16	13	16	13	335	22	10	8	593

(b) SCHOOL CHILDREN.—Sixteen thousand, three hundred and ninety-five were vaccinated under the County scheme, and the following is a summary of the work carried out.

Acceptances:

Number of children offered tuberculin testing and vaccination if necessary	28,963
Number found to have been vaccinated previously	404
Number of acceptances	21,633
Percentage of acceptances	75·7

Pre-vaccination tuberculin test:

Number of children tested	...	...	...	...	...	...	20,236
Result of test:							
				<i>Heaf Test</i>		<i>Mantoux Test</i>	
Positive	...	...	...	2,620		125	
Negative	...	...	...	13,711		2,915	
Not ascertained		...	...	834		31	Total 20,236
Percentage positive	...	...	...	16.0		4.1	... 14.2

Vaccination:

Number vaccinated—							
Following negative Heaf Test	...	...	...	13,619			
Following negative Mantoux Test	...	...	...	2,776	Total	...	16,395

Tuberculin test twelve months after vaccination:

Number tuberculin tested after 12 months	...	...	...	1,751			
Result of test—							
Positive	...	...	...	...	...	1,597	
Negative	...	...	...	...	...	82	
Not ascertained	...	...	...	...	...	72	Total ... 1,751

(c) STUDENTS ATTENDING UNIVERSITIES, TEACHER-TRAINING COLLEGES, TECHNICAL COLLEGES OR OTHER ESTABLISHMENTS FOR FURTHER EDUCATION.—

Nineteen students were tested and all of the 16 who were found to be negative were vaccinated.

Table 32 Tuberculosis—Mass Radiography Surveys

A.—LEEDS UNITS

Survey undertaken in Division No.					Number Examined	Abnormalities Discovered			
						Tuberculosis		* Other	Total
						Active	Inactive		
1	(Skipton)...	...	...	...	3,163	1	1	10	12
3	(Keighley)	...	...	...	3,901	4	3	16	23
4	(Shipley)...	...	...	...	260	—	—	—	—
5	(Horsforth)	...	...	...	4,914	6	5	13	24
7	(Harrogate and Ripon)	...	...	...	5,528	2	4	13	19
9	(Wetherby and Rothwell)	...	...	...	3,423	4	2	12	18
10	(Goole) ...	...	...	...	2,583	—	3	11	14
11	(Castleford)	...	...	...	2,399	7	2	17	26
12	(Pontefract)	...	...	...	2,753	—	5	19	24
13	(Morley)...	...	...	...	3,608	2	6	8	16
15	(Batley and Cleckheaton)	...	...	...	6,638	4	13	28	45
18	(Todmorden and Brighouse)	...	...	...	3,333	3	2	19	24
20	(Colne Valley)	...	...	...	6,274	5	8	31	44
23	(Hemsworth)	...	...	...	2,239	—	2	18	20
TOTALS					51,016	38	56	215	309

B.—SHEFFIELD UNITS

Survey undertaken in Division No.					Number Examined	Abnormalities Discovered			
						Tuberculosis		* Other	Total
						Active	Inactive		
25	(Barnsley)	...	...	...	1,672	—	10	81	91
26	(Wath) ...	...	...	...	1,647	—	6	25	31
27	(Doncaster)	...	...	...	4,184	2	33	175	210
29	(Thorne)	...	...	...	3,073	2	9	163	174
31	(Rotherham)	...	...	...	2,221	—	13	52	65
TOTALS ...					12,797	4	71	496	571

Totals for the County Area ... 63,813 42 127 711 880

*Details of the 711 “ Other ” abnormalities are as follows:—

	<i>Leeds Region</i>	<i>Sheffield Region</i>
1. Anatomical abnormalities—congenital	1	39
2. Anatomical abnormalities—acquired	4	8
3. Tumours of the bony thorax; primary and secondary	1	—
4. Congenital pulmonary malformations	—	1
5. Bacterial or virus pulmonary infections	24	4
6. Other infections of lungs: fungus and parasitic ...	2	1
7. Bronchiectasis	17	24
8. Honeycomb lung	—	2
9. Emphysema	8	15
10. Pulmonary fibrosis—non-tuberculous	16	95
11. Pneumoconiosis	31	121
12. Spontaneous pneumothorax	1	—
13. Benign neoplasms of lungs and mediastinum ...	6	3
14. Primary malignant neoplasms	20	2
15. Secondary malignant neoplasms	2	1
16. Hilar and bronchial adenitis	—	7
17. Sarcoidosis	7	1
18. Pleural thickening	4	42
19. Abnormalities of diaphragm and œsophagus ...	10	54
20. Cardiovascular lesions: congenital	12	1
21. Cardiovascular lesions: acquired	15	70
22. Miscellaneous	34	5
23. Pneumoconiosis and tuberculosis... ..	—	—
24. Awaiting classification	—	—
	<hr/> 215	<hr/> 496

Table 33 Venereal Diseases—New Patients, 1938—67

Year	Syphilis	Gonorrhœa	Other Conditions	Total of New Patients
1938	346	650	503	1,499
1939	403	678	593	1,674
1940	299	499	497	1,295
1941	331	552	587	1,470
1942	423	479	735	1,637
1943	487	654	1,344	2,485
1944	413	560	1,383	2,356
1945	473	767	1,419	2,659
1946	723	1,140	1,859	3,722
1947	573	729	1,511	2,813
1948	463	550	1,403	2,416
1949	435	383	1,360	2,178
1950	357	304	1,447	2,108
1951	247	171	1,212	1,630
1952	219	211	1,275	1,705
1953	214	182	1,228	1,624
1954	178	152	1,189	1,519
1955	175	135	1,168	1,478
1956	155	99	1,143	1,397
1957	152	125	1,078	1,355
1958	124	138	1,129	1,391
1959	112	405	1,352	1,869
1960	83	338	1,550	1,971
1961	85	286	1,669	2,040
1962	69	244	1,623	1,936
1963	74	272	1,734	2,080
1964	67	286	1,841	2,194
1965	57	327	2,153	2,537
1966	48	406	2,160	2,614
1967	47	510	2,255	2,812

Table 34 Syphilis—Type and stage of disease, 1950-67

Year	Syphilis			
	Acquired		Congenital	
	Early	Late	Under 1 year	Over 1 year
1950	76	221	4	56
1951	58	144	4	41
1952	19	163	1	36
1953	9	155	1	49
1954	7	144	—	27
1955	6	128	1	40
1956	9	120	—	26
1957	1	122	—	29
1958	5	99	—	20
1959	12	80	—	20
1960	—	73	—	10
1961	4	67	—	14
1962	4	55	1	9
1963	5	57	—	12
1964	8	51	1	7
1965	8	45	—	4
1966	10	34	—	4
1967	8	33	—	6

Table 35 Venereal Diseases—Distribution of New Cases by Treatment Centres

Special Treatment Centre	Syphilis	Gonor- rhœa	Other Con- ditions	Total
Barnsley Clinic, Queen's Road	2	22	143	167
Bradford St. Luke's Hospital	9	78	172	259
Burnley Victoria Hospital	—	5	12	17
Dewsbury General Hospital	1	31	146	178
Doncaster Royal Infirmary	6	69	283	358
Goole Bartholomew Hospital	1	2	7	10
Halifax Royal Infirmary	7	38	133	178
Harrogate General Hospital	—	24	106	130
Huddersfield Royal Infirmary	9	10	102	121
Hull, Mill Street Clinic	—	2	21	23
Keighley Victoria Hospital	3	50	65	118
Leeds General Infirmary	5	81	366	452
Oldham & District General Hospital ...	—	1	6	7
Rotherham Moorgate General Hospital	2	23	171	196
Sheffield Royal Hospital	—	11	53	64
Sheffield Royal Infirmary	—	4	24	28
Wakefield Clayton Hospital	2	44	400	446
York County Hospital	—	15	45	60
	47	510	2 255	2 812

Table 36 Venereal Diseases—New Cases—Sex Distribution

	Males	Females	Total
Syphilis	31	16	47
Gonorrhœa	341	169	510
Chancroid	—	—	—
Lymphogranuloma Venereum	—	—	—
Granuloma Inguinale	—	—	—
Non-gonococcal Urethritis	496	—	496
Non-gonococcal Urethritis with Arthritis ...	11	—	11
Trichomoniasis	43	176	219
Late or Latent Treponematoses—non-syphilitic ...	—	—	—
Other Conditions requiring treatment	381	327	708
Not requiring treatment	494	324	818
Undiagnosed at 31st December, 1967	1	2	3
	1,798	1,014	2,812

Table 37 Gonorrhœa—New Cases—Age Distribution

Sex	Under 20		20 to 24		25 and over	
Males	32	9%	89	26%	220	65%
Females	54	32%	53	31%	62	37%

Table 38 Venereal Diseases—Case finding

Total number of contacts reported	...	73				
Located and examined	... ..		52			
Not infected	... ..			13		
Infected	... ..			39		
Already under treatment	...				—	
Brought under treatment	...				39	
Syphilis	... ..					3
Gonorrhœa	... ..					19
Other conditions	... ..					17
Located	... ..		10			
Not examined	... ..			6		
Transferred to other authority	...			4		
Not located	... ..		11			
Insufficient information	... ..			3		
Unable to locate	... ..			8		

Table 39 Antenatal patients with positive serological tests for syphilis

Total number reported	Transferred to other local authorities	West Riding patients with positive tests	Not referred to Special Clinics	Referred to Special Clinics	Found to have Syphilis		Found not to have Syphilis
					New patients	Old patients	
21	2	19	4	15	4	9	2

Table 40 Contacts of antenatal patients found to have syphilis

Number Examined	Found to have Syphilis	Found not to be infected
10	1	9

Table 41 Venereal Diseases—Defaulters

Total number of defaulters	Returned to clinic after visiting	Failed to return	Removed, unable to locate	Transferred	Number of ineffective visits	Number of re-visits
102	64	20	11	7	190	177

Table 42 Divisional Administration

Div. No.	County Districts	Population (Estimated Mid. 1967)	Acreage	Divisional Medical Officer, Senior Clerk and Divisional Nursing Officer	Address of Divisional Health Office
1	Barnoldswick U. Earby U. Silsden U. Skipton U. Bowland R. Sedbergh R. Settle R. Skipton R.	10,000 4,980 5,440 13,070 4,860 3,750 13,760 24,320	2,764 3,519 7,101 4,211 83,327 52,674 152,087 146,071	Dr. M. Hunter Mr. K. A. Knowles Miss F. Stevenson	9, High Street, Skipton Tel. Skipton 2438/9
		80,180	451,754		
3	Keighley B.	55,710	23,611	Dr. V. P. McDonagh Mr. A. S. Sanderson Miss J. Butterworth	3, Bow Street, Keighley Tel. Keighley 2244/5
4	Baildon U. Bingley U. Denholme U. Shipley U.	13,460 24,590 2,690 29,480	2,831 11,418 2,536 2,184	Dr. J. Battersby Mr. F. G. Falkingham Miss H. J. Watts	P.O. Box 24, Town Hall, Shipley Tel. Shipley 51363
		70,220	18,969		
5	Pudsey B. Aireborough U. Horsforth U. Ilkley U. Otley U. Wharfedale R.	37,380 29,370 17,180 19,270 12,180 7,260	5,323 6,856 2,706 8,610 2,934 39,378	Dr. A. Telford Burn Mr. A. Hartley Miss D. Topley	The Green, Horsforth Tel. Horsforth 2252
		122,640	65,807		
7	Harrogate B. Ripon City Knaresborough U. Nidderdale R. Ripon and Pateley Bridge R.	60,720 11,520 10,420 17,250 13,510	8,320 1,812 2,494 75,009 124,861	Dr. N. V. Hepple Mr. L. R. Wilkinson Miss M. L. Griffin	Municipal Offices, Harrogate Tel. Harrogate 68954
		113,420	212,496		
9	Garforth U. Rothwell U. Stanley U. Tadcaster R. Wetherby R.	19,700 27,130 19,030 31,910 28,780	4,020 10,704 4,866 72,984 64,424	Dr. W. D. Dolton Mr. F. H. Atack Miss M. P. Bramley	Hallfield Lane, Wetherby Tel. Wetherby 2738 AND Oulton Lane, Rothwell Tel. Rothwell 2326/7
		126,550	156,998		
10	Goole B. Selby U. Goole R. Selby R.	18,570 10,850 9,100 8,260	1,267 3,848 36,776 32,909	Dr. S. K. Appleton Mr. R. Towell Miss D. M. E. Goldthorpe	6/7, Belgravia, Goole Tel. Goole 4216 and 2923
		46,780	74,800		

Div. No.	County Districts	Population (Estimated Mid. 1967)	Acreage	Divisional Medical Officer, Senior Clerk and Divisional Nursing Officer	Address of Divisional Health Office
11	Castleford B. Normanton U.	39,630 18,580 58,210	4,394 3,067 7,461	Dr. J. M. Paterson Mr. C. R. Pickering Mrs. M. Craig	"Castledene," Pontefract Road, Castleford Tel. Castle- ford 4201
12	Pontefract B. Featherstone U. Knottingley U. Osgoldcross R.	29,630 15,160 15,210 9,330 69,330	4,865 4,424 2,835 33,951 46,075	Dr. J. F. Fraser Mr. W. Carver Mrs. M. Craig	Baghill House, Walkergate, Pontefract Tel. Pontefract 3291
13	Morley B. Ossett B. Horbury U. Wakefield R.	43,790 16,460 9,010 22,860 92,120	9,494 3,333 1,280 21,345 35,452	Dr. G. Ireland Mr. A. Wright Miss A. Hibbard	Windsor House, Morley Tel. Morley 4281/2
15	Batley B. Spenborough B. Heckmondwike U. Mirfield U.	41,160 38,440 9,020 14,960 103,580	4,457 8,251 696 3,394 16,798	Dr. W. M. Douglas Mr. P. Marshall Miss D. Day	Health Centre, Greenside, Cleckheaton Tel. Cleck- heaton 3501/4 AND Market Place, Batley Tel. Batley 3141
18	Brighouse B. Todmorden B. Elland U. Hebden Royd U. Queensbury and Shelf U. Ripponden U. Sowerby Bridge U. Hepton R.	32,710 16,100 18,440 8,890 9,720 4,940 16,600 3,560 110,960	7,873 12,789 5,946 7,083 2,795 13,289 5,763 21,758 77,296	Dr. N. E. Gordon Mr. H. Marshall Miss C. J. Barker	Police Street, Brighouse Tel. Brighouse 2515 AND Abraham Ormerod Medical Centre, Todmorden Tel. Todmorden 2495
20	Colne Valley U. Denby Dale U. Holmfirth U. Kirkburton U. Meltham U. Saddleworth U.	20,760 9,980 18,930 19,060 5,930 18,620 93,280	16,054 10,165 17,648 13,847 5,906 18,485 82,105	Dr. P. M. Sammon Mr. G. A. Beatson Miss J. L. Law	6/8, St. Peter's Street, Huddersfield Tel. Hudders- field 29526/8
22	Hoyland Nether U. Penistone U. Stocksbridge U. Penistone R. Wortley R.	15,930 7,590 12,430 7,380 37,750 81,080	2,000 5,593 4,630 29,007 48,130 89,360	Dr. F. C. Armstrong Mr. P. Fullwood Mrs. M. Orr	Mortomley Hall, High Green, nr. Sheffield Tel. High Green 292

Div. No.	County Districts	Population (Estimated Mid. 1967)	Acreage	Divisional Medical Officer, Senior Clerk and Divisional Nursing Officer	Address of Divisional Health Office
23	Hemsworth U. Hemsworth R.	15,820 53,270	4,164 29,019	Dr. J. S. Walters Mr. G. Ellis Miss D. Marsh	Adiscombe House, Barnsley Road, Hemsworth Tel. Hems- worth 377/8
		69,090	33,183		
25	Cudworth U. Darfield U. Darton U. Dodworth U. Royston U. Wombwell U. Worsbrough U.	9,170 7 040 15,080 4,340 8,560 19,170 16,390	1,746 2,018 4,716 1,859 1,426 3,838 3,420		
		79,750	19,023	Dr. C. G. Oddy Mr. L. S. Wrigg Miss M. E. Pilling	33 Queen's Road, Barnsley Tel. Barnsley 2247/8
26	Conisbrough U. Dearne U. Mexborough U. Rawmarsh U. Swinton U. Wath upon Dearne U.	17,710 26,720 16,400 19,620 14,240 15,300	1,593 3,888 1,452 2,600 1,718 2,677		
		109,990	13,928		
27	Adwick le Street U. Bentley with Arksey U. Tickhill U. Doncaster R.	18,670 23,650 3,000 78,200	3,605 4,951 5,580 75,097	Dr. R. Stalker Mr. C. W. Vallance Miss M. E. Young	Station Road, Doncaster Tel. Doncaster 61571
		123,520	89,233		
29	Thorne R.	38,870	38,419	Dr. G. Higgins Mr. J. T. Howitt Miss. D. M. E. Goldthorpe	Council Offices, P.O. Box 4, Thorne Tel. Thorne 3130
31	Maltby U. Kiveton Park R. Rotherham R.	14 810 24 670 65,410	4,788 20,070 28,856	Dr. J. M. Watt Mr. A. Hill Mrs. A. Brooks	"Edenthorpe," Grove Road, Rotherham Tel. Rother- ham 3131/2
		104,890	53,714		

Table 43 Dental Services for Expectant and Nursing Mothers and children under 5 years

Attendances and Treatment

	Children 0—4 (incl.)	Expectant and Nursing Mothers
First Visit	1,091	459
Subsequent Visits	620	1,498
Additional Courses of Treatment commenced ...	40	13
Number of Fillings... ..	717	964
Teeth Filled	634	882
Teeth Extracted	2,246	1,423
General Anæsthetics	855	212
Emergencies... ..	330	97
Patients X-Rayed	6	41
Prophylaxis	37	195
Teeth otherwise conserved... ..	84	—
Teeth Root Filled	—	4
Inlays	—	8
Crowns	—	4
Courses of Treatment Completed... ..	773	338

Prosthetics

Patients supplied with F.U. or F.L. (First Time)	73
Patients supplied with Other Dentures	95
Number of Dentures supplied	280

Anaesthetics

General Anæsthetics administered by Dental Officers	1,067
---	-------

Inspections

	Children 0—4 (incl.)	Expectant and Nursing Mothers
Number of First Inspections	A. 1,253	D. 536
Number in A. and D. requiring treatment ...	B. 1,144	E. 514
Number in B. and E. offered treatment ...	C. 1,136	F. 501

Sessions

Number of sessions devoted to M. & C.W. patients	
For Treatment	430
For Health Education	—

Table 44 Antenatal Relaxation Classes

No. of sessions:								
(a)	separate	...	...	...	...	...	...	4,450
(b)	combined with antenatal clinics	...	...	...	...	...	...	68
TOTAL								4,518
No. of women attending:								
(a)	hospital booked	...	...	...	...	...	...	4,927
(b)	domiciliary booked	...	...	...	...	...	...	1,308
TOTAL								6,235
Total number of attendances:								
(a)	hospital booked	...	...	...	...	...	...	23,832
(b)	domiciliary booked	...	...	...	...	...	...	6,050
TOTAL								29,882

Table 45 Phenylketonuria—Details of Tests undertaken, March, 1960—December, 1967

Total number tested	...	...	...	...	...	...	225,568
Number of confirmed cases	...	...	...	...	...	...	13
Ratio of true cases of phenylketonuria to children tested	...						1 : 17,351

Table 46 Ortolani Testing for Congenital Dislocation of the Hip—Summary of tests carried out, 1963-67

	1963	1964	1965	1966	1967
(a) Cases referred to specialist, confirmed as congenital dislocation of the hip and splinted	22	29	17	52	69
No. included in (a) referred by staff employed by the Authority	20	14	9	27	31
(b) Cases referred to specialist and said not to be congenital dislocation of the hip	45	29	31	62	43
(c) Cases referred to specialist, not splinted but given further review appointments	21	15	13	24	18

Table 47 **Illegitimate Children—Analysis of Cases**

						<i>West Riding Cases</i>	<i>Non- County Cases</i>	<i>Total</i>
Number of cases dealt with during the year:								
Referred by Moral Welfare Organisations						253	26	279
Ascertained by staff of the Health Department... ..						801	12	813
Referred by other services... ..						287	13	300
Totals ...						1,341	51	1,392
Analysis of cases:								
Married	{ with previous illegitimate children ...					100	—	100
	{ without previous illegitimate children ...					143	3	146
Unmarried	{ with previous illegitimate children ...					165	2	167
	{ without previous illegitimate children ...					877	45	922
Widowed or Divorced	{ with previous illegitimate children ...					19	—	19
	{ without previous illegitimate children ...					37	1	38
Totals ...						1,341	51	1,392
Ages:								
Under 15 years of age						8	1	9
15—19 years of age						537	27	564
20—24 years of age						433	17	450
25—29 years of age						193	3	196
30—39 years of age						155	3	158
40 years of age and over						15	—	15
Totals ...						1,341	51	1,392
Disposal:								
Cases settled —Marriage						67	3	70
Baby died... ..						37	2	39
Grandparents taking baby						37	—	37
Baby adopted						227	20	247
Baby fostered						47	3	50
Mother keeping baby						889	22	911
Cases referred elsewhere						17	1	18
Cases not finally settled						20	—	20
Totals ...						1,341	51	1,392

Table 48 **Illegitimate Children—Accommodation in Moral Welfare Homes**

	Ante and Post natal	Ante natal only	Post natal only	Governing Body
Bradford—Oakwell House	15	2	1	Bradford Corporation
Bradford—St. Monica's Home	2	4	1	Church of England
Brentwood—Sunnendon House	1	—	—	Church of England
Cardiff—Northlands, North Road	1	—	—	Salvation Army
Caterham—The George Simon Home... ..	1	—	—	The Rainer Foundation
Darlington—St. Agnes' Home	1	—	—	Church of England
Halifax—St. Margaret's House... ..	13	1	—	Church of England
Harrogate—St. Monica's Home	6	1	—	Church of England
Heywood—St. Anne's Maternity Home	1	—	1	Church of England
Huddersfield—Bryanwood	14	1	1	Methodist Church
Huddersfield—St. Katherine's Hostel ...	21	1	—	Church of England
Kendal—Sacred Heart Maternity Home				
Brettargh Holt	1	—	—	Roman Catholic Church
Kendal—St. Monica's Homes	1	—	1	Church of England
Leeds—Browning House	27	2	—	Voluntary Committee
Leeds—Mount Cross, Bramley	10	1	—	Salvation Army
Leeds—St. Margaret's Home	22	—	1	Roman Catholic Church
Lincoln—The Quarry	1	—	—	Church of England
London—Streeton House, Grove Park...	1	—	—	Church of England
Mansfield—Grosvenor House	1	—	—	Voluntary Committee
Pontefract—The Haven	34	4	4	Church of England
Sheffield—St. Agatha's Hostel	17	2	—	Church of England
Sutton on Hull—Sutton House... ..	1	—	—	Church of England
Wiltshire—The Grange	4	—	—	Church of England
York—Heworth Moor House	10	1	—	Church of England
	206	20	10	

Table 49 The fate of Premature Babies Born in the year 1967 to mothers normally resident in the West Riding Administrative County Area wherever the Birth took place

Total adjusted live births—31,555 Number of live premature births—2,094 Percentage of premature live births to total live births—6.6

Weight Group	Number of Premature Births					Number Dying														Number Surviving over 28 days					Percentage Survival 1967	Percentage Survival in previous years								
	Born Alive					First Week					Second Week									over 28 days														
	A	B1	B2	C	Total	To- tal	Born Dead	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over 14 up to 28 days	A	B1		B2	C	Total						
5—5½	101	4	337	474	916	30	13	10	6	—	—	—	—	—	—	—	—	—	—	—	1	—	—	98	4	328	456	886	96.7	98.0	96.6	96.8	97.0	
4½—5	44	4	172	275	495	43	12	6	1	2	1	—	—	—	—	1	—	—	1	—	—	—	2	41	3	166	259	469	94.7	94.7	94.7	92.4	93.3	94.1
4—4½	14	1	73	165	253	38	9	9	3	3	1	—	—	1	—	—	—	—	—	—	—	—	—	11	1	65	150	227	89.7	91.2	86.7	91.1	90.8	89.1
3½—4	17	1	52	81	151	40	15	5	2	—	—	—	1	—	—	—	1	—	—	—	—	—	—	16	1	42	68	127	84.1	80.8	84.6	81.4	76.0	85.6
3—3½	8	—	36	54	98	32	16	4	2	1	2	1	—	—	—	—	—	—	—	—	—	—	—	4	—	29	38	71	72.4	63.5	67.7	65.5	67.0	67.0
2½—3	9	1	22	45	77	37	20	8	2	—	—	—	1	—	—	—	—	—	—	1	—	—	1	2	—	17	25	44	57.1	48.5	46.8	38.3	42.0	41.0
2—2½	5	—	16	33	54	33	30	5	2	2	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	8	5	13	24.1	21.7	23.4	19.2	32.7	29.8
1½—2	2	1	4	26	33	23	19	6	2	3	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	6.9	8.1	2.9	2.8	3.2
1½ and under	1	—	4	12	17	14	15	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	201	12	716	1165	2094	290	149	53	20	11	5	4	2	1	1	1	2	2	—	1	4	—	172	9	655	1002	1838	87.8	87.2	86.8	85.7	85.7	86.2	

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8

256

A —Born in Domiciliary Practice.

B1—Born in Private Nursing Home.

B2—Born in Maternity Home.

C —Born in General Hospital.

The weight groups in the first column of this table should be read as under :—

“ 5—5½ lb.” means “ Over 5 lb. up to and including 5½ lb.”

“ 4½—5 lb.” means “ Over 4½ lb. up to and including 5 lb.”

The remaining weight groups should be read in the same way

Table 50 Distribution of Welfare Foods

Year	National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Vitamin A. & D. Tablets (Packets)	Orange Juice (Bottles)
1963	127,325	30,953	31,442	296,498
1964	123,371	31,609	31,700	334,505
1965	111,956	33,080	29,129	376,350
1966	94,779	30,993	27,073	417,351
1967	81,351	28,835	24,038	442,498

Table 51 Day Nurseries

<i>Division Number</i>	<i>Day Nursery</i>	<i>Number of Places Provided</i>	<i>Average Daily Attendance</i>
3	Keighley	50	35
4	Shipley	50	39
7	Harrogate	40	24
15	Heckmondwike	40	32
18	Brighouse	40	24

Table 52 Midwifery—Hospital and Domiciliary Confinements

Divi- sion No.	Area	Population (estimated mid-1967)	Total noti- fied births (Live and Still)	Place of Birth					
				Hospital				Domici- liary	
				No.	No. of Early Discharges			No.	%
					At 48 hours	After 48 hours up to and includ- ing 5th day	After 5th but before 10th day		
1	Skipton	80,180	1,198	1,113	29	99	308	85	7
3	Keighley	55,710	925	873	33	364	421	52	6
4	Shipley	70,220	1,186	1,027	122	66	654	159	13
5	Horsforth	122,640	2,035	1,818	118	139	792	217	11
7	Harrogate	113,420	1,791	1,638	265	240	406	153	9
9	Wetherby/Rothwell	126,550	2,432	1,605	320	299	248	827	34
10	Goole	46,780	846	534	28	37	55	312	37
11	Castleford	58,210	975	744	60	130	158	231	24
12	Pontefract	69,330	1,424	990	120	165	425	434	30
13	Morley	92,120	1,774	1,286	200	179	159	488	28
15	Batley/ Spenborough ...	103,580	2,188	2,036	188	170	266	152	7
18	Brighouse/ Todmorden ...	110,960	1,928	1,432	96	78	87	496	26
20	Colne Valley ...	93,280	1,599	1,361	37	114	314	238	15
22	Wortley	81,080	1,448	1,090	89	108	439	358	25
23	Hemsworth	69,090	1,289	878	74	128	429	411	32
25	Barnsley	79,750	1,496	1,053	25	45	445	443	30
26	Wath	109,990	2,046	1,447	107	294	257	599	29
27	Doncaster	123,520	2,294	1,678	197	557	132	616	27
29	Thorne	38,870	890	536	72	163	64	354	40
31	Rotherham	104,890	2,159	1,552	123	702	237	607	28
Leeds Hospital Board Region		1,212,070	21,590	17,335	1,690	2,208	4,722	4,255	20
Sheffield Hospital Board Region		538,100	10,333	7,356	613	1,869	1,574	2,977	29
West Riding Administrative County		1,750,170	31,923	24,691	2,303	4,077	6,296	7,232	23

Table 53 Midwifery—Analgesia

Div. No.	Area					Percentage receiving Analgesia					
						Pethi- dine alone	Gas and air alone	Gas and air with Pethi- dine	Tri- lene alone	Tri- lene with Pethi- dine	Total
1	Skipton	...	...	...	...	4	—	—	28	54	86
3	Keighley	...	...	...	...	10	—	2	19	59	90
4	Shipley	...	...	...	...	15	1	3	15	60	94
5	Horsforth	...	...	...	...	10	—	—	41	30	81
7	Harrogate	...	...	...	...	9	—	—	36	34	79
9	Wetherby/Rothwell	...	...	...	...	17	—	2	21	45	85
10	Goole	...	...	...	...	8	—	—	45	27	80
11	Castleford	...	...	...	...	7	—	—	38	48	93
12	Pontefract	...	...	...	...	18	—	—	16	47	81
13	Morley	...	...	...	...	6	—	—	39	36	81
15	Batley/Spenborough	...	...	...	...	4	—	—	16	65	85
18	Brighouse/Todmorden	...	...	...	...	7	—	—	24	61	92
20	Colne Valley	...	...	...	...	16	—	—	25	42	83
22	Wortley	...	...	...	...	30	—	—	18	17	65
23	Hemsworth	...	...	...	...	13	—	—	32	36	81
25	Barnsley	...	...	...	...	16	—	—	31	35	82
26	Wath	...	...	...	...	18	—	—	10	56	84
27	Doncaster	...	...	...	...	11	—	—	23	54	88
29	Thorne	...	...	...	...	36	—	—	7	47	90
31	Rotherham	...	...	...	...	25	—	—	24	32	81
Leeds Hospital Board Region						11	—	1	28	44	84
Sheffield Hospital Board Region						21	—	—	19	42	82
West Riding Administrative County						15	—	1	24	43	83

Table 54 Emergency Obstetric Units

St. Helen Hospital, Barnsley
St. Luke's Hospital, Bradford
Staincliffe General Hospital, Dewsbury
The Western Hospital, Doncaster
The General Hospital, Halifax
The General Hospital, Harrogate
The Royal Infirmary, Huddersfield
The Maternity Hospital, Leeds
Montagu Hospital, Mexborough
Jessop Hospital, Sheffield
The General Hospital, Wakefield
Fulford Maternity Hospital, York

Table 55 Health Visiting

						Cases	No. of Visits	By Request
Expectant mothers ...	...	...	...	...	...	—	7,112	
Children born in 1967	...	...	...	...	...	31,290	122,923	
Children born in 1966	...	...	...	...	...	29,171	89,748	
Children born in 1962—1965	...	...	...	...	...	58,422	140,228	
Persons over the age of 65 years ...	...	...	...	...	...	26,308	59,373	8,597
Mentally disordered persons	...	...	...	...	...	724	2,300	287
Persons discharged from hospital (other than mental hospitals)	...	...	...	...	...	2,700	6,287	1,712
School Health	...	...	...	...	...		14,745	
Homes Help Service	...	...	...	...	...		120,768	
Tuberculous households	...	...	...	...	...	1,865	4,073	
Tuberculous households by tuberculosis visitors	...	...	...	...	...	1,967	7,514	
Other infectious disease households	...	...	...	...	...	1,995	3,560	
Clinics and School Sessions								No. of Sessions
Maternity and child welfare	...	...	...	...	...	...	...	31,243
Ultra violet light...	...	...	...	...	...	...	...	227
Health Education—								
a. Clubs	...	...	...	...	...	...	...	197
b. Parent/teachers	...	...	...	...	...	...	...	32
c. Schools	...	...	...	...	...	...	...	1,581
d. Antenatal relaxation classes	...	...	...	...	...	...	...	1,717
Evening sessions	...	...	...	...	...	...	...	354
Other health education activities	...	...	...	...	...	...	...	20
							—	3,901
Specialist—Chest	...	...	...	...	...	...	...	963
Other	...	...	...	...	...	...	...	3,710
School health	...	...	...	...	...	...	...	22,256
Total								46,729

Table 56 Home Nursing—Total Cases Visited

<i>Types of cases attended</i>						<i>No. of cases attended</i>	<i>No. of visits by Home Nurses</i>
Medical	...	...	...	...	...	24,327	605,672
Surgical	...	...	...	...	...	8,298	150,663
Infectious diseases	...	...	...	...	...	337	3,274
Tuberculosis	...	...	...	...	...	247	12,576
Maternal complications	...	...	...	...	...	814	6,427
Others	...	...	...	...	...	444	7,248
Total						34,467	785,860
<i>Age Groups</i>							
0—4	...	...	...	...	...	1,547	9,294
5—64	...	...	...	...	...	15,058	286,474
65 years or over	...	...	...	...	...	17,862	490,092
Total						34,467	785,860
Patients included in the above who have had more than 24 visits during the year						8,284	544,836

Table 57 Home Nursing—Completed Cases

<i>Classification of Cases by Disease:</i>									
<i>Disease</i>									<i>No. of Cases</i>
Tuberculosis									198
Other infectious diseases									329
Parasitic diseases									68
Malignant and lymphatic neoplasms									1,707
Asthma									109
Diabetes mellitus									453
Anæmias									2,076
Vascular lesions affecting central nervous system									1,562
Other mental and nervous diseases									486
Diseases of the eye									99
Diseases of the ear									691
Diseases of heart and arteries									1,603
Diseases of veins									728
Upper respiratory diseases									565
Other respiratory diseases									1,927
Constipation									971
Other diseases of digestive system									1,836
Diseases of urinary system and male genital organs									933
Diseases of breast and female genital organs									535
Complications of pregnancy and puerperium									755
Diseases of skin and subcutaneous tissues									1,206
Diseases of bones, joints and muscles									758
Injuries									2,220
Senility									1,027
Other defined and ill-defined diseases or disabilities									1,325
Diseases not specified									768
Total ...									24,935
<i>Nursing Treatment:</i>									
<i>Type</i>									<i>No. of Cases</i>
Injectons									7,150
General nursing									6,335
Enemas									1,218
Dressings									6,743
Bed baths									795
Wash-outs, douches, etc.									461
Changing of pessaries									109
Preparation for diagnostic investigation									451
Others									1,673
Total ...									24,935

The total number of cases receiving injections was 7,524 but, in a small proportion of cases, the injections were given during the course of a general nursing visit.

<i>Injections:</i>				<i>Type</i>					
Insulin	281
Drugs for anæmia, debility, etc.	2,817
Antibiotics	3,039
Drugs for cardio-renal diseases	468
Others	919
								Total	7,524
<i>Referral of Cases:</i>				<i>Source</i>					
General practitioners	20,033
Hospitals	3,567
Health Department staff	755
Others	580
								Total	24,935
<i>Disposal of Cases:</i>									
Convalescent	13,742
Transferred to hospital	3,952
Died	3,517
Others	3,724
								Total	24,935

Table 58 Ambulance Services

Detail of Service	Year ended 31st December		Variation on 1966	1966 compared with 1955
	1966	1967	Increase	Increase
Admissions	54,717	55,633	916	1,404
Discharges	29,385	30,127	742	284
Transfers	13,231	12,808	423 (Decrease)	72
Out-patients	501,264	548,868	47,604	23,184
Accident patients... ..	15,394	15,890	496	39
Total patients of Directly Provided Service ...	613,991	663,326	49,335	24,415
Total patients of Direct Service plus Agency and Hospital Car Ser- vice	660,747	714,223	53,476	26,376
Mileage of Direct Service	3,962,780	4,155,637	192,857	149,064
Total Mileage (including Agency and Hospital Car Service)	4,515,301	4,783,158	267,857	205,303

Table 59 Summary of Health Education Activities

Subject	Estimated Audience			
	Clinics	Schools	*Other	Total
Mothercraft (Feeding, Clothing, Bathing Baby etc.)	5,386	4,226	359	9,971
Antenatal and Postnatal Care, Childbirth... ..	8,656	2,128	514	11,298
Personal and Dental Hygiene and Hygiene in the Home	874	15,305	469	16,648
Child Development	1,162	1,726	639	3,527
Sex Education and V.D.	294	3,589	743	4,626
Accident Prevention (Poisons, Medicines, Burns, Scalds, Fires, Falls, Gas and Electric Appliances etc., and First Aid)	1,494	6,445	3,183	11,122
Smoking and Health... ..	50	2,619	1,324	3,993
Vaccination and Immunisation	499	517	—	1,016
Infections, Minor Ailments and General Health ...	1,026	3,364	739	5,129
Cervical Cytology and Breast Cancer	952	—	575	1,527
Family Planning	53	—	266	319
L.H.A. Services and Social Services	563	3,563	1,654	5,780
Care of the Aged	—	144	460	604
Totals	21,009	43,626	10,925	75,560

* Includes Mothers' Clubs, Women's Institutes, Guides, Scouts, Youth Clubs, St. John Cadets, Darby and Joan Clubs, etc.

Table 60 Provision of Nursing Equipment in the Home

Item	Number on loan	Number avail- able for issue	Total	Number of issues during year
Bath lift	—	1	1	—
Bath seat	29	—	29	35
Bedding: blankets, pillows and cases, sheets, etc.—pieces	602	261	863	747
Bed blocks	45	106	151	71
Bed cradles	388	101	489	725
Bed pans	1,464	673	2,137	3,087
Bed rests	664	192	856	1,420
Bed tables	9	15	24	17
Bedsteads: hospital, with self-lifting pole, and other	265	27	292	406
Chairs: geriatric, relaxing, high rest, 'Amesbury' play, stairway (carrying) etc.	20	11	31	28
Colostomy sets	1	1	2	1
Commodes: chair and other	871	13	884	1,590
Cushions: air and 'Dunlopillo'	24	19	43	58
Enuresis alarms	333	23	356	1,286
Fracture boards	92	3	95	127
Hemiplegic exercisers	—	4	4	—
Hot water bottles	6	43	49	16
Ileostomy sets	1	1	2	1
Lifting hoists	30	3	33	38
Lifting pole and chain	31	5	36	43
Mattresses: air, biscuit, 'Dunlopillo,' hair, water, 'P.C.P.,' spring-interior	362	28	390	548
Open-air shelters	3	2	5	3
Pressure rings: air and foam rubber	687	476	1,163	1,346
Rubber/plastic sheets	1,129	263	1,392	1,947
Sputum mugs	38	141	179	42
Urinals: male and female	772	494	1,266	1,421
Walking aids: 'Amesbury,' 'Bonaped,' 'Zimmer,' 'Companion,' crutches, tripod, walking sticks	1,128	166	1,294	1,684
Wheel chairs: bath, folding, junior, self-propelled, spinal, stairway, etc.	671	80	751	1,370
Miscellaneous: feeding cups, breast pumps etc....	131	32	163	153
	9,796	3,184	12,980	18,210

Table 61 Chiropody Treatment

	<i>Voluntary Association Schemes</i>	<i>Direct Service by County Council</i>	<i>Total</i>
Number of sessions held:			
In voluntary association premises ...	3,870	—	3,870
In clinic premises	—	9,311	9,311
	3,870	9,311	13,181
Number of patients treated:			
In chiropodists' surgeries:			
Pensioners	6,617	4,901	11,518
Physically handicapped	81	140	221
Expectant mothers	10	6	16
In voluntary association or clinic premises:			
Pensioners	6,688	17,740	24,428
Physically handicapped	125	291	416
Expectant mothers	4	10	14
Domiciliary treatment:			
Pensioners	3,030	10,338	13,368
Physically handicapped	146	511	657
Expectant mothers	—	2	2
Total number of patients treated ...	16,701	33,939	50,640
Total number of treatments given:			
Pensioners	72,900	156,847	229,747
Physically handicapped	1,301	3,202	4,503
Expectant mothers	21	35	56
	74,222	160,084	234,306
Number of patients treated per session:	7.6	9.1	8.7
Percentage of total patients treated receiving domiciliary treatment	19.0	32.0	27.7
Percentage of aged population receiving treatment (men over 65 years and women over 60 years)	6.5	13.2	19.7

Table 62 Domestic Help

<i>Classification of Cases Assisted</i>	<i>No. of Cases</i>	<i>Hours employed</i>
Over 65 years of age	16,205	2,364,161
Under 65 years of age:		
Chronic sick and tuberculous ...	1,601	203,798
Mentally disordered	34	4,604
Maternity	809	37,075
Other	707	67,650
	19,356	2,677,288

Table 63 Mental Health Training Centres

The following is a list of the training centres in operation at the end of 1967, with details of the places provided:—

<i>Centre</i>	<i>Junior</i>	<i>Adult Male</i>	<i>Adult Female</i>	<i>Special Care</i>	<i>Total</i>
Adwick le Street ...	38	25	25	—	88
Airedale (Castleford)	40	30	30	4	104
Brighouse Junior ...	27	—	—	—	27
Ecclesfield	42	26	21	6	95
Harrogate	30	25	25	6	86
Heckmondwike ...	36	20	12	—	68
Hemsworth	40	20	20	12	92
Horsforth Comprehensive	30	25	25	6	86
Horsforth Junior ...	27	—	—	—	27
Keighley	50	25	25	—	100
Kirkburton	30	25	25	6	86
Maltby	40	30	30	15	115
Ossett Junior ...	27	—	—	—	27
Rawcliffe	30	15	15	4	64
Rothwell	30	16	14	4	64
Skipton	24	18	18	4	64
Wath upon Dearne...	46	25	25	12	108
West Ardsley ...	24	23	23	6	76
Wombwell	36	25	40	12	113
TOTALS	647	373	373	97	1,490

Table 64 Day Centres and Psychiatric Social Clubs

(a) Day Centres:

Club	No. of members	Premises	Meetings	Opened
Harrogate Therapeutic	52	13, Dragon Parade, Harrogate	Daily	October, 1963 (transferred to new premises May, 1967)
Snaith Day Centre	20	Pontefract Road, Snaith	Daily	December, 1963

(b) Psychiatric Social Clubs:

Club	No. of places	Premises	Meetings	Opened
' Beacon Club ' Brighouse	20	Divisional Health Office, Police St., Brighouse	Monday evening	January, 1968
Castleford Club	30	Child Welfare Clinic, West Villa, High-town, Castleford	Monday evening	September, 1961
The Contact Club	35	Health Centre, Greenside, Cleckheaton	Tuesday evening	October, 1963
The Glen Social Club	30	Somerset House Clinic, Shipley	Tuesday evening	September, 1961
The Handshake Club	40	Multiple Clinic, Leeds Road, Tadcaster	Tuesday evening	January, 1964
Harrogate Social Club	50	Training Centre, High Street, Starbeck, Harrogate	Tuesday evening	April, 1963
Ilkley Club	30	South Hawksworth Street, Ilkley	Monday evening	February, 1964
Morley Social Club	20	Central Clinic, Morley	Thursday evening	January, 1962
Rock Club, Wath upon Dearne	40	Child Welfare Clinic, Church Street, Wath upon Dearne	Fortnightly Thursday evening	August, 1961
Rothwell Club	30	Central Clinic Oulton Lane, Rothwell	Monday evening	August, 1965
Springhead Club	25	Springhead Clinic, Cooper Street, Saddleworth	Thursday afternoon	December, 1964
The White Rose Social Club	16	The Butts Clinic, Barnoldswick	Monday evening	November, 1962
Non-County clubs attended by West Riding patients				
4 U Club, Halifax				January, 1961
Huddersfield Social Club				November, 1962

Table 65 Mental Health—Hospital Admissions

(a) Psychiatric Patients (admitted by Mental Welfare Officers)

				1966	1967
Informal admissions	...	...		1,658	1,627
Court orders	...	...	...	8	4
Section 25	...	...	...	225	257
„ 26	...	...	...	61	38
„ 29	...	...	...	597	460
				2,549	2,386

(b) Subnormal Patients

Patients provided with short-stay care	...	...	261
„ admitted for permanent care...	...	...	26
„ under guardianship	...	...	3
„ awaiting permanent care—urgent	...	...	16
„ awaiting permanent care—non-urgent			39

Table 66 Mental Health—Number of persons referred to Local Health Authority during year ended 31st December, 1967

Referred by	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Total						
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over								
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.							
General practitioners	7	6	691	1223	—	—	3	—	—	—	18	10	9	7	5	3	—	—	—	—	—	—	1982
Hospitals, on discharge from in-patient treatment	1	2	478	910	—	—	1	—	—	—	5	2	16	9	—	1	—	—	—	—	6	2	1433
Hospitals, after or during out-patient or day treatment...	1	2	323	442	—	—	1	1	1	1	—	—	3	—	2	—	—	—	—	—	—	—	777
Local education authorities	2	2	3	6	—	—	—	—	—	—	32	19	36	27	27	23	—	—	—	—	—	—	177
Police and courts	—	—	104	94	—	—	1	—	—	—	—	—	5	3	—	—	—	—	—	—	—	—	207
Other sources	2	1	436	727	—	—	5	—	—	—	6	4	8	12	35	35	3	4	—	—	—	—	1278
Total	13	13	2035	3402	—	—	11	1	—	—	62	36	77	58	69	62	9	6	—	—	—	—	5854

Table 67 Mental Health—Number of persons under Local Health Authority
Care at 31st December, 1967

Number of Persons under L.H.A. care at 31.12.67	Mentally Ill				Elderly mentally infirm		Psychopathic				Subnormal				Severely Subnormal				Total
	Under age 16		16 and over		M.	F.	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Total number	12	4	1126	1747	53	151	—	—	10	2	323	232	1035	958	202	179	211	231	6476
Attending day training centre	—	—	18	21	—	—	—	—	—	—	251	181	275	271	154	128	111	117	1527
Awaiting entry to training centre	—	—	5	—	—	—	—	—	—	—	4	4	2	7	9	12	1	2	46
Receiving home training	—	—	—	3	—	—	—	—	—	—	1	—	—	—	—	—	1	6	11
Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	3
Resident in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	14	15	4	4	—	—	37
Awaiting residence in L.A. home/hostel...	—	—	—	1	—	—	—	—	—	—	—	—	4	4	1	—	1	—	11
Resident at L.A. expense in other homes/ hostels	—	—	13	17	—	—	—	—	—	—	—	—	12	2	3	3	—	—	50
Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	5
Attending day hospitals	2	—	75	80	4	10	—	—	—	—	6	3	8	4	1	2	—	—	195
Receiving home visits and not included above:																			
Suitable to attend a training centre	1	1	200	248	1	5	—	—	—	—	2	6	62	82	6	12	40	47	713
Others	9	3	815	1377	48	136	—	—	10	2	59	38	669	588	28	22	57	57	3918

Table 68 Milk (Special Designation) Regulations, 1963 and Milk (Special Designation) (Amendment) Regulations, 1965—Dealers Licensed

Number of Licence Holders	Dealing in pre-packed milk			
	Untreated	Pasteurised	Sterilised	Ultra Heat Treated
3,237	546	1,310	2,547	24

Table 69 Milk (Special Designation) Regulations, 1963 and Milk (Special Designation) (Amendment) Regulations, 1965—Details of Samples obtained from Dealers in the County Area

Untreated			Pasteurised					Sterilised		Ultra Heat Treated	
Methylene Blue Test			Phosphatase Test		Methylene Blue Test			Turbidity Test		Colony Count	
Satisfactory	Unsatisfactory	Void	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Void	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
2,083	218	117	1,707	9	1,600	19	97	47	—	21	—

Table 70 Milk (Special Designation) Regulations, 1963—Licensed Establishments for Pasteurising and Sterilising Milk

PASTEURISED MILK:

Chappell, R. M., Nether End Farm, Denby Dale.
Crawshaw, J., Blake Lea Dairy, 103, Arksey Lane, Bentley, near Doncaster.
Dibb, K., Home Farm, Menston, near Ilkley.
Doncaster Co-operative Society Ltd., Dairy Department, York Road, Doncaster.
Doxey, C., The Dairy, Nutwell Lane, Armthorpe, near Doncaster.
Co-operative Retail Services Ltd., Goole Branch, Centenary Road, Goole.
Co-operative Retail Services Ltd., Goldcross Branch, Horsefair Dairy, Pontefract.
Mawer's Dairy, Glentworth House, Skellow, near Doncaster.
Old Corn Mill Farm (Eldwick) Ltd., Harden Grange, Harden, Bingley.
Platts, N. H. & Sons, Home Farm, Bretton, near Wakefield.
Rotherham Co-operative Society Ltd., The Dairy, Progress Drive, Bramley, near Rotherham.
Salmon, P., Ashbrooke, Littlethorpe, Ripon.
Whittaker's Dairies Ltd., 77, Tenter Balk Lane, Adwick le Street, near Doncaster.
Rotherham Dairies Ltd., Claypit Lane, Rawmarsh, near Rotherham.

STERILISED MILK:

Rotherham Dairies Ltd., Claypit Lane, Rawmarsh, near Rotherham.

During the year the following pasteurising plant commenced operations:

Dibb, K., Home Farm, Menston, near Ilkley.

The following pasteurising plant ceased operations:

Stocksbridge Co-operative Society Ltd., Shay House Lane, Stocksbridge, near Sheffield.

Table 71 **Milk (Special Designation) Regulations, 1963—Details of Samples obtained from Licensed Processing Plants**

Pasteurised					Sterilised	
Phosphatase Test		Methylene Blue Test			Turbidity Test	
Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Void	Satisfactory	Unsatisfactory
627	9	599	6	31	34	—

Table 72 **Details of Samples obtained from Private Supplies of Water to County Premises**

Premises	Source of Supply	Bacteriological Examination		
		Number of samples obtained	Sat.	Unsat.
Aldfield C.E. School, Aldfield, near Ripon	Untreated trunk main	10	10	—
Clint Burnt Yates Endowed School, Burnt Yates, near Harrogate	Bore	10	10	—
Elslack Primary School, Broughton, near Skipton	Well	2	2	—
Grantley Hall Adult College, near Ripon	Land springs	14	12	2
Ingleborough Hall Special School, Clapham, Settle	Lake water	3	3	—

Table 73 Details of Applications for Grants under the Rural Water Supplies and Sewerage Acts, 1944-61

County District or Other Body	Description of Scheme	Date of Application	Estimated Cost of Scheme
Bowland R.D.	Gisburn Sewage Disposal Works	19th April	£ 30,850
Claro Water Board	Skelton Windmill, Kirkby Hill, Boroughbridge Water Supply	18th May	1,600
Craven Water Board	Bent and Sutton Water Supply	21st December	1,005
Denby Dale U.D.	Lower Cumberworth Sewage	20th September	3,950
do	Lower Denby Sewage	20th September	11,854
Hebden Royd U.D.	Extension of Public Sewer at Cragg Vale	4th April	3,820
Hemsworth R.D.	Wentbridge Joint Sewerage	20th March	11,800
Hepton R.D.	Wadsworth Sewerage Extension	11th July	4,380
Leeds C.B.	Water Supply to Farnley Village	21st February	5,000
Penistone R.D.	Silkstone Common and Silkstone Extensions Sewerage and Sewage Disposal	15th November	131,000
Pontefract, Goole and Selby Water Board	Greenland Lane, Rawcliffe Bridge Water Supply	14th June	4,370
Ripon and Pateley Bridge R.D.	Wormald Green Sewerage and Sewage Disposal (Revised Scheme)	28th July	7,890
Ripponden U.D.	Mill Bank, Cotton Stones Sewer Extension	20th June	1,420
Saddleworth U.D.	Sewering of Diglea Area, Diggle	19th October	3,220
Settle R.D.	Settle, Giggleswick and Langcliffe Sewerage and Sewage Disposal (Revised Scheme)	16th August	170,300
Tadcaster R.D.	Sherburn in Elmet Sewage Disposal Works	1st March	500,000
Wakefield R.D.	Crofton, Walton and Foulby (part) Joint Sewerage and Sewage Disposal	31st January	640,000
do	Elsicker Lane, Warmfield Drainage	11th August	8,704
Wakefield and District Water Board	Foxstones Ripponden Water Supply	21st July	2,125
Wortley R.D.	Water Supply, Cinder Hill Lane, Whitley Lane, Wood End and Whitley Carr	18th December	11,534

Table 74 School Swimming Pools

School	Pool		Filtration	Chlorination	Remarks
	Capacity in gallons	Type			
Aireborough Grammar	30,000	Conventional	Sand	Chlorine Gas	—
Armthorpe Junior	12,400	Conventional	Diatoma- ceous Earth	Automatic Chlorinator	Pool opened 1967
Bardsey Primary	870	Sunken	Diatoma- ceous Earth	Automatic Chlorinator	—
Bewerley Park Centre for out- door pursuits	12,000	Constructed	Diatoma- ceous Earth	Automatic Chlorinator	Pool opened 1967
Bingley Grammar	46,400	Conventional	Diatoma- ceous Earth	Automatic Chlorinator	Pool opened 1967
Boroughbridge County Primary	6,000	Purley	Diatoma- ceous Earth	Drip Feed	—
Bridge House Special School, Harewood	4,000	Purley	Diatoma- ceous Earth	Automatic Chlorinator	—
Brighouse Woodhouse Junior	8,800	Purley	Diatoma- ceous Earth	Automatic Chlorinator	Pool in planning stage
Collingham C.E.	10,000	Purley	Sand	Automatic Chlorinator	Pool in planning stage
Darton Barugh J.M.I.	6,000	Purley	Diatoma- ceous Earth	Automatic Chlorinator	Filter installed 1967
Darton Kexbrough	6,000	Purley	Diatoma- ceous Earth	Automatic Chlorinator	Pool opened 1967
Ermysted's Grammar Skipton	29,000	Conventional	Sand	Chlorine Gas	—
Featherstone R.C.	46,000	Conventional	Sand	Chlorine Gas	—
Felkirk Secondary	18,000	Mermaid	Diatoma- ceous Earth	Automatic Chlorinator	Pool in planning stage
Harrogate Granby Park	52,000	Conventional	Sand	Chlorine Gas	—
Harrogate Oatlands Mt. J.M.	—	—	—	—	Plans cancelled 1967

School	Pool		Filtration	Chlorination	Remarks
	Capacity in gallons	Type			
Harrogate Woodlands	20,000	Conventional	Diatoma- ceous Earth	Automatic Chlorinator	Pool opened 1967
Hartwith Summerbridge	6,000	Purley	Diatoma- ceous Earth	Automatic Chlorinator	—
Hebden Royd Centre, Pitt Street, Hebden Bridge	6,000	Purley	Diatoma- ceous Earth	Automatic Chlorinator	Pool opened 1967
Horbury C.E.	6,000	Purley	Diatoma- ceous Earth	Automatic Chlorinator	—
Horbury Bridge C.E.	8,000	Mermaid	Diatoma- ceous Earth	Automatic Chlorinator	—
Horsforth Featherbank	6,000	Purley	Diatoma- ceous Earth	Automatic Chlorinator	Pool in planning stage
Hoyland Common J.M.I.	6,000	Purley	Diatoma- ceous Earth	Automatic Chlorinator	Filter and Chlorinator installed 1967
Ilkley Grammar	35,000	Conventional	Sand	Chlorine Gas	—
Ilkley Menston Primary	25,000	Constructed Outdoor	Sand	Drip Feed	—
Kirk Fenton Parochial	8,000	Purley	Sand	Automatic Chlorinator	Pool opened 1967
Meltham C.E.	15,000	Constructed	Diatoma- ceous Earth	Automatic Chlorinator	Pool opened 1967
Mexborough C.E.	9,600	Purley	Diatoma- ceous Earth	Automatic Chlorinator	Pool in planning stage
Mexborough Grammar	18,000	Purley	Diatoma- ceous Earth	Drip Feed	—
Penistone St. John's C. E.	8,000	Purley	Canvas Bags	Drip Feed	Pool not used
Rawcliffe Training Centre	8,000	Purley	Sand	Automatic Chlorinator	Pool opened 1967
Ripon Grammar	52,000	Conventional	Sand	Chlorine Gas	—
Rothwell Carlton J.M.I.	8,000	Purley	Sand	Drip Feed	—

School	Pool		Filtration	Chlorination	Remarks
	Capacity in gallons	Type			
Scawthorpe Secondary	50,625	Conventional	Sand	Chlorine Gas	Pool opened 1967
Scholes J.M.I.	8,000	Purley	Diatoma- ceous Earth	Automatic Chlorinator	—
Scissett Miners Welfare Club	70,000	Constructed	Sand	Chlorine Gas	Re-opened 1967 by W.R.C.C. and Denby Dale U.D.C.
Shade Primary, Todmorden	30,000	Conventional	Sand	Chlorine Gas	—
Sherburn in Elmet	8,000	Purley	Sand	Drip Feed	—
Thorne Grammar	48,000	Constructed	Diatoma- ceous Earth	Automatic Chlorinator	—
Ulleskelf C.E.	6,000	Purley	Canvas Bags	Drip Feed	—
Upper Poppleton C.P.	2 pools 2,000 14,000	Purley	Diatoma- ceous Earth	Automatic Chlorinator	—
Upper Wharfedale Secondary	43,000	Conventional	Diatoma- ceous Earth	Automatic Chlorinator	Pool under construction
Upton - North Elmsall J.M.I.	21,000	Purley	Diatoma- ceous Earth	Automatic Chlorinator	—
Ward Green J.M.I., Worsbrough	12,000	Purley	Diatoma- ceous Earth	Automatic Chlorinator	—
West Ardsley Training Centre	—	—	—	—	Pool in planning stage
Weston Lane C.P., Otley	7,000	Constructed Outdoor	Sand	Added by hand	Chlorinator to be provided
Whinburn Special School, Keighley	5,000	Plastic Construction	Canvas Bags	Drip Feed	—
Worsbrough Birdwell C.P.	—	—	—	—	Pool in planning stage

Table 75 Atmospheric Pollution

Situation of Instrument	Smoke			Volumetric SO ₂		
	Average Daily Suspended Impurity*	Highest Value	Lowest Value	Average Daily Concentration SO ₂ *	Highest Value	Lowest Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Barnoldswick—Health Department, Fernlea, surrounding district residential and commercial with railway nearby	89	609	11	106	935	2
Keighley—First floor of Public Health Department in built-up area in centre of town	86	837	5	82	488	13
Keighley—Branshaw View, 20ft. above ground in classroom on south-west side of building, $\frac{1}{4}$ mile south-west of town centre. Surrounding district residential	56 for 9 months	345	2	53 for 11 months	177	11
Bingley—Health Department, Town Hall, $\frac{1}{5}$ th mile outside town centre, surrounding district parkland	53	527	3	102	960	17
Shipley—Health Department, Town Hall, surrounding district residential and commercial	84	637	9	154	1,209	43
Horsforth—Broadway, in residential area, most properties to the south in Smoke Control Areas	68 for 10 months	655	2	122 for 10 months	981	6
Otley—First floor of Council Offices, in town centre, mainly manufacturing	91 for 9 months	869	11			
Pudsey 2 (Stanningley)—“Southville”, Sunfield House, 20 ft. above ground on east side, surrounding district mainly industrial	78	650	7	147	843	49
Pudsey 3 (Farsley)—Farfield House, Farfield Avenue, 20ft. above ground on north side, surrounding district residential	75	496	6	162	881	44
Pudsey 4 (Calverley)—M. & C. W. Clinic, Chapel Street, 20ft. above ground on west side, surrounding district parkland and residential	76	573	5	151	911	55

*For period of full year unless stated otherwise.

Situation of Instrument	Smoke			Volumetric SO ₂		
	Average Daily Suspended Impurity*	Highest Value	Lowest Value	Average Daily Concentration SO ₂ *	Highest Value	Lowest Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Harrogate — Ground floor of Municipal Offices, surrounding district residential and commercial	48	268	2	83	869	20
Harrogate — Ground floor of Regional Office, Milk Marketing Board, surrounding district residential and manufacturing	106	638	6	102	1,162	0
Harrogate—Wheatlands School, surrounding district low density housing and open parkland	48 for 11 months	290	5	62 for 11 months	985	0
Knaresborough—Knaresborough House, in parkland surrounded by mixed residential and commercial properties, open country to west.	58	425	2	63	482	0
Goole—Health Department, Municipal Offices, Stanhope Street, surrounding area commercial, residential and shipping	44	324	6	68	259	19
Castleford—First floor of Divisional Health Office, in residential area of industrial town	244 for 11 months	1,330	29	183 for 11 months	455	62
Castleford—The Green, Ferry Fryston—situated 12ft. above ground on E. side of the Pavilion, surrounding district residential with open country to E.	162 for 11 months	1,169	10	145	612	48
Castleford—Technical College—in Mining Laboratory 25ft. above ground on W. side of building, open country from S.-S.W., residential and manufacturing S.E., E., N.E., N.-N.W., manufacturing S.W.-N.W.	134 for 11 months	952	17	172 for 11 months	586	53
Normanton—Nevile House. Surrounding district commercial, residential and a few small factories	187	1,896	19	172	979	25
Pontefract—Municipal Offices. In laboratory on second floor in mixed commercial and manufacturing area	164	990	32	168	639	Alk.

*For period of full year unless stated otherwise.

Situation of Instrument	Smoke			Volumetric SO ₂		
	Average Daily Suspended Impurity*	Highest Value	Lowest Value	Average Daily Concentration SO ₂ *	Highest Value	Lowest Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Pontefract—Moverlay Flatts. In rear storeroom of Council Depot, surrounding district residential	190	1,234	11	175	897	Alk.
Pontefract—Carleton Park. First floor landing of flats in residential area	105	810	9	130	494	26
Horbury—Ground floor lobby of Town Hall, facing east 12ft. above ground, surrounding district residential and manufacturing	82 for 8 months	562	12	147 for 8 months	611	25
Morley—Public Health Inspector's Department, Commercial Street, surrounding district residential, commercial and manufacturing	102	720	11	136	813	Alk.
Morley—Spring Avenue, Gildersome in residential area	78	592	8	83	379	Alk.
Ossett—Croft House—on first floor landing on north-east side of building. Surrounding district residential and commercial	82	828	6	164	848	32
Batley—Public Health Department, Market Place, in centre of mixed residential, commercial and manufacturing district	148	1,464	10			
Spennborough—Health Centre, Greenside, in small park, residential and commercial area.	86	1,262	7	136	766	44
Elland—Council Offices, 20ft. above ground in manufacturing area	106	982	14	169	1,536	25
Hebden Royd (Mytholmroyd)—Redacre Sewage Works, residential and manufacturing area, open country to north	88 for 9 months	906	5	83 for 9 months	780	6
Hebden Royd (Hebden Bridge)—On second floor landing of Council Offices, in centre of mixed residential, commercial and manufacturing district	111 for 11 months	774	6	120 for 11 months	1,086	8

*For period of full year unless stated otherwise.

Situation of Instrument	Smoke			Volumetric SO ₂		
	Average Daily Suspended Impurity*	Highest Value	Lowest Value	Average Daily Concentration SO ₂ *	Highest Value	Lowest Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Sowerby Bridge—Beech Road. Upper room of Public Health Department in a mainly residential area with some industrial plants 200 yards to East	87	662	7	147	1,182	Alk.
Sowerby Bridge—Wharf Street. Situated on main Yorkshire—Lancashire road carrying heavy traffic, in a mainly commercial area	91	683	11	110	1,055	Alk.
Todmorden—In first floor room on south side of Medical Centre, surrounding district mixed residential, commercial, manufacturing and open country	93	762	13	132	1,238	22
Colne Valley—Town Hall, Cross Street, Slaithwaite, in mixed residential and textile manufacturing district	111	929	22	152	1,788	35
Denby Dale—Public Health Inspector's Office, surrounding district mixed residential, manufacturing and open country	121	719	23	124	558	13
Denby Dale—Emley C.P. School. In village in open country	73 for 9 months	577	13	135	581	29
Holmfirth—On second floor landing of Council Offices, surrounding district open country, residential, commercial and manufacturing	89	677	19	118	769	Alk.
Kirkburton—Council Depot, Highroyd, Lepton, 11 ft. above ground, surrounding district residential. Huddersfield C.B. 4 miles to the east	90 for 9 months	460	12	76 for 9 months	263	24
Meltham—Public Health Inspector's Office, Town Hall, surrounding district residential, manufacturing and open country	112 for 11 months	767	19	92 for 11 months	625	Alk.

*For period of full year unless stated otherwise.

Situation of Instrument	Smoke			Volumetric SO ₂		
	Average Daily Suspended Impurity*	Highest Value	Lowest Value	Average Daily Concentration SO ₂ *	Highest Value	Lowest Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Saddleworth—Sewage Works, Shaw Hall Bank, Greenfield, surrounding district residential, manufacturing and commercial	91 for 9 months	1,171	11	108 for 9 months	794	Alk.
Wortley (Grenoside)—Health Dept., Council Offices, surrounding area industrial and manufacturing	98	647	9	121	605	30
Wortley (Oughtibridge)—County School, Church Street, surrounding district industrial and manufacturing	60 for 11 months	515	3	88 for 11 months	416	12
Hemsworth—Divisional Health Office, Adiscombe House, in residential area	152	1,236	16	114	562	12
Darton—Council Offices, in semi-residential colliery district. Coke by-product plant 1 mile to the S.E.	137	803	10	117	366	19
Wombwell—The Gables, semi-residential colliery district	208	1,237	19	109	452	Alk.
Wombwell—The Library, Station Lane, surrounding district residential and commercial	208 for 9 months	1,300	30	165	660	39
Worsbrough—Savile House—8ft. above ground in out-building, rear of Council Offices. Surrounding country open and low density residential	127	753	13	86	428	12
Conisbrough—Denaby Clinic, in room facing north. Surrounding district residential—high density	155	1,095	20	148	409	40
Conisbrough—The Priory, in staff dining room facing west. Surrounding district residential—low density	151	1,327	6	127	476	41
Rawmarsh—Public Health Inspector's Office, in centre of residential and industrial area	240	1,433	19			

*For period of full year unless stated otherwise.

Situation of Instrument	Smoke			Volumetric SO ₂		
	Average Daily Suspended Impurity*	Highest Value	Lowest Value	Average Daily Concentration SO ₂ *	Highest Value	Lowest Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Wath upon Dearne—Town Hall, in commercial and residential area with industrial zone 1-2 miles N. to N.E.	224 for 4 months	1,537	14	163 for 4 months	528	18
Bentley with Arksey—Health Department, Chapel Street, semi-residential colliery district	155 for 10 months	862	16	136 for 10 months	472	45
Doncaster (Barnby Dun)—Barnby Dun School, in residential area 5 miles north-east of Doncaster C.B.	93	778	10	108	455	24
Doncaster (Askern)—In Askern Clinic 6 miles south of Doncaster with open country to the south, residential to the north-east, heavy industry to north-west	96	630	2	196	945	Alk.
Thorne—Council Offices, in semi-residential colliery district	101	766	20			

*For period of full year unless stated otherwise.

Table 76 Welfare of the Epileptic and Spastic—Particulars of known Epileptics and Spastics

	Number	
	Epileptics	Spastics
<i>Adults</i>		
Provided with accommodation under Part III of the National Assistance Act, 1948:		
(a) in homes for epileptics 	68	
(b) in homes for spastics and other handicapped persons 		36
(c) in County establishments and establishments where County Council has 'right of user' 	41	
Registered under the County Council's scheme of Welfare Services for Handicapped Persons (General Classes) and not shown above 	158	216
<i>Children</i>		
Number ascertained as handicapped:		
(a) Approximate number attending ordinary schools	not known	68
(b) Attending special schools 	28	96
(c) Receiving home tuition 	1	2
(d) Attending training centres for the mentally subnormal 	76	64
Plus 32 children suffering from both epilepsy and spasticity.		

Table 77 Certification and Treatment of Blind and Partially Sighted Persons—
New Registrations during 1967 of Blind and Partially Sighted Persons
(other than handicapped school children)

	Disability (B.—Blind, P.S.—Partially Sighted)									
	Cataract		Glaucoma		Retro-lental Fibro-plasia		Others		Total	
	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.
(i) Number of cases registered during the year in respect of which Section F recommends:										
(a) No treatment 	105*	43†	12	2	1	—	99	37	217	82
(b) Treatment (medical, surgical, optical or ophthalmic medical supervision) 	170‡	119=	29	19	—	—	99	102	298	240
(ii) Number of cases at (i) (b) above who received treatment ...	107	82	24	18	—	—	80	85	211	185

* Includes 14 cases of cataract with glaucoma.

† Includes 4 " " " " "

‡ Includes 40 " " " " "

= Includes 18 " " " " "

Table 78 Residential Accommodation—(National Assistance Act, 1948)
Under the scheme for residential accommodation the County Medical Officer is responsible for the general medical oversight of the following:—

<i>Establishment</i>	<i>Superintendent/Matron</i>	<i>Telephone Number</i>	<i>No. of Residents</i>
The Shroggs, Skipton Road, Steeton 	Miss E. M. Wolstenholme	Steeton 3213	20
Farfield Hall, Bolton Road, Addingham 	Mrs. B. Edwards	Bolton Abbey 241	30
Neville House, Neville Crescent, Gargrave 	Mr. and Mrs. S. Blackburn	Gargrave 349	34
Sharow View, Allhallowgate, Ripon 	Mr. and Mrs. E. Brook	Ripon 2238	73
The Beeches, Leeds Road, Tadcaster 	Mr. and Mrs. H. G. Jenner	Tadcaster 2113	111
Wharfedale Lawn, Westgate, Wetherby 	Mrs. L. Oliver	Wetherby 2446	21*
The Grove, 80, High Street, Starbeck 	Miss W. Smeaton	Harrogate 83980	19*
Springfield Garth, York Road, Boroughbridge 	Mr. and Mrs. J. Howarth	Boroughbridge 2189	34

<i>Establishment</i>	<i>Superintendent/Matron</i>	<i>Telephone Number</i>	<i>No. of Residents</i>
Fircroft, Wighill Lane, Tadcaster... ..	Mrs. L. McLaughlin	Tadcaster 3204	27
Woodfield House, Woodfield Square, Harrogate	Mr. and Mrs. E. Drake	Harrogate 68728	34
Hillworth Lodge, Oakworth Road, Keighley	Mr. and Mrs. D. Moor	Keighley 4014	170
Thornton View, Thornton View Road, Pasture Lane, Clayton, Bradford	Mr. and Mrs. F. Innis	Queensbury 2007/8	191
Woodville, Spring Gardens Lane, Keighley	Mrs. C. Robinson	Keighley 2428	20
Crow Trees, Leeds Road, Rawdon	Mrs. H. M. Lewis	Rawdon 2908	20
Burley Hall, Burley in Wharfedale, Nr. Ilkley	Mrs. D. Carling	Burley in Wharfedale 2334	27
Park House, 41, Lister Lane, Bolton, Bradford 2... ..	Mr. and Mrs. L. Gillard	Bradford 639913	22†
Moor Court, Fieldway, Ben Rhydding	Mr. and Mrs. E. Hubbick	Ilkley 4734	34
Littlelands Court, Littlelands, Cottingley	Mr. and Mrs. P. Hale	Bingley 5330	34
Manorfield House, Manor Road, Horsforth	Mr. and Mrs. G. Bevitt	Horsforth 3561	34
Heather Court, Main Street, Menston	Mr. and Mrs. W. Reilly	Menston 4813	34
Hall Croft Church Street, Windhill, Shipley	Mr. and Mrs. H. Gledhill	Shipley 58071	34
Glenholme, Green Lane, West Vale, Greetland	Mr. and Mrs. J. Ellis	Elland 2985	35
Stoneswood, Oldham Road, Delph	Miss M. C. Murphy	Delph 300	20
Thornhill Grange, Hanson Road, Rastrick	Mr. and Mrs. W. Corbett	Brighouse 4810	44
Heathlands, Meal Hill Lane, Slaithwaite	Mr. and Mrs. J. L. Raine	Slaithwaite 2856	34
Longlands, Leeds Road, Lightcliffe, Nr. Halifax	Mrs. E. G. Iddon	Halifax 21254	20
Scaitcliffe Hall, Burnley Road, Todmorden	Mrs. N. M. Harris	Todmorden 2814	24
Scissett Mount, Busker Lane, Scissett	Mr. and Mrs. J. G. Raby	Skelmanthorpe 3260	34
Belle Vue House, Belle Vue Road, Shelf, Halifax	Mr. and Mrs. R. Glew	Bradford 679011	34

<i>Establishment</i>	<i>Superintendent/Matron</i>	<i>Telephone Number</i>	<i>No. of Residents</i>
Fieldhead, Fieldway, Shepley, Huddersfield... ..	Mr. and Mrs. S. Fildes	Kirkburton 3369	34
Brig Royd House, Halifax Road, Ripponden, Halifax ...	Mr. and Mrs. J. D. Clee	Ripponden 3374	34
Greenacres, Huddersfield Road, Meltham	Mr. and Mrs. A. J. Kershaw	Meltham 669	34
Stanley View, Park Lodge Lane, Wakefield	Mr. and Mrs. F. W. Radley	Wakefield 71016	207
Beech Towers, Halifax Road, Staincliffe, Nr. Dewsbury ...	Mr. and Mrs. N. W. Jones	Dewsbury 4051/2	294
Knowl Park House, Crow Lees Road, Mirfield	Mr. and Mrs. D. Dyer	Mirfield 2583	34
Knowle Manor, Tennyson Terrace, Morley... ..	Mr. and Mrs. R. C. Cost	Morley 4740	34
Walton House, Shay Lane, Walton, Nr. Wakefield ...	Miss A. Smithson	Wakefield 55242	20
Home Lea House, Wood Lane, Rothwell	Mr. and Mrs. T. Farrar	Rothwell 3218	34
Turnsteads, Whitcliffe Road, Cleckheaton... ..	Mrs. J. E. L. Thwaites	Cleckheaton 2972	22
Brook Lodge, Brook Street, Selby	Mr. and Mrs. T. Bradley	Selby 2815	102
Northgate Lodge, Skinner Lane, Pontefract	Mr. and Mrs. C. Borrill	Pontefract 3351/2	164
Parklands, Station Road, Rawcliffe, Goole... ..	Mr. and Mrs. N. A. Sylvester	Rawcliffe 226	34
Mill Garth House, Mill Hill Lane, Pontefract	Mr. and Mrs. J. T. Fenton	Pontefract 3593	44
Newfield, Brookfield Avenue, Pontefract Road, Castleford	Mr. and Mrs. W. Powell	Castleford 4110	34
Norman House, Attlee Street, Normanton	Mr. and Mrs. A. S. Huxley	Normanton 2366	34
Fearndale, Purston Park, Featherstone	Mr. and Mrs. C. W. Hutchinson	Featherstone 642	34
Bullenshaw House, Bullenshaw Road, Hemsworth	Mr. and Mrs. R. A. Harris	Hemsworth 722	34
Langthwaite House, Barnsley Road, South Kirkby ...	Mr. and Mrs. J. A. Bromley	South Elmsall 2510	34
Highfield House, Love Lane, Castleford	Mr. and Mrs. F. Butterfield	Castleford 3767	34
Boothferry House, Airmyn Road, Goole	Mr. and Mrs. M. J. Midgley	Goole 2471	34

<i>Establishment</i>	<i>Superintendent/Matron</i>	<i>Telephone Number</i>	<i>No. of Residents</i>
Willow Grange, Fitzwilliam Street, Kinsley	Mr. and Mrs. A. Robinson	Hemsworth 371	34
Grange Court, Church Lane, Garforth	Mr. and Mrs. P. R. Dulley	Garforth 4845	34
Wadworth Hall, Wadworth, Nr. Doncaster	Mrs. S. C. Kenny	Doncaster 53272	23
Haynes House, Haynes Road, Thorne	Mr. and Mrs. C. Naylor	Thorne 3395	34
Don View, 22, Thellusson Avenue, Scawsby, Nr. Doncaster	Mr. and Mrs. W. R. Howells	Doncaster 2257	38
Rose House, Church Street, Armthorpe, Doncaster ...	Mr. and Mrs. G. Bromley	Armthorpe 450	34
Owston View, Lodge Road, Carcroft	Mr. and Mrs. A. Brearley	Adwick le Street 3368	34
Dearnlea, Park Road, Thurnscoe	Mr. and Mrs. J. M. Raine	Goldthorpe 3094	34
Rowena House, Old Road, Conisbrough	Mr. and Mrs. J. Harrison	Conisbrough 2331	34
Rolleston House, High Street, Maltby	Mr. and Mrs. G. T. Nutt	Maltby 2118	41
Highfield, Woodsetts Road, North Anston, Nr. Sheffield	Mr. and Mrs. E. B. Stone	Dinnington 2593	34
Winterwell House, Dryden Road, West Melton, Wath on Dearne, Nr. Rotherham	Mr. and Mrs. N. Bradley	Wath on Dearne 2096	34
Monkwood House, Whiteleys Avenue, Rawmarsh, Nr. Rotherham	Mr. and Mrs. A. Bain	Rawmarsh 2651	34
Haworth House, Brinsworth Lane, Brinsworth	Mr. and Mrs. J. C. Milne	Rotherham 3373	34
Oaklands, Oakdale, Worsbrough Bridge	Mr. and Mrs. A. Wild	Barnsley 5529	41
Netherfields, Sheffield and Halifax Road, Penistone ...	Mr. and Mrs. C. Stoney	Penistone 2144	62
Wombwell Grange, Park Street, Wombwell	Mrs. K. M. Smith	Wombwell 2186	17*
Mortomley House, High Green, Nr. Sheffield... ..	Mr. and Mrs. G. A. Smith	High Green 323	45
Oakwood, Back Lane, Royston, Nr. Barnsley... ..	Mr. and Mrs. J. Wakeling	Royston 725	34
Carlton House, Carlton Street, Cudworth, Nr. Barnsley ...	Mr. and Mrs. J. Lodge	Cudworth 389	34
Charnwood House, Charnwood Street, Swinton	Mrs. and Mrs. J. Carroll	Mexborough 2236	34

* Women only

† Men only

**Table 79 Registration and Inspection of Disabled and Old Persons' Homes—
(National Assistance Act, 1948)**

<i>Establishment</i>	<i>Number of Residents</i>	<i>Type of Home *(Part I, II or III)</i>
Congregation of Sisters of Charity of our Lady of Good and Perpetual Succour, St. Anne's Convent, Burghwallis, Doncaster ...	28	I
Harrogate Old People's Home, 66-68, Cold Bath Road, Harrogate ...	36	I
Ernest Ayliffe Home for the Deaf and Dumb, Fulford Grange, Rawdon	32	II
North Regional Association for the Blind, "Oaklands," Huddersfield Road, Holmfirth ...	30	II
Keighley & District Institute for the Blind, 13-15, Scott Street, Keighley	27	II
Mrs. M. L. Harris, The Woodlands, Farrer Lane, Oulton ...	21	I
Methodist Homes for the Aged, "Glen Rosa," Grove Road, Ilkley...	32	I
Methodist Homes for the Aged, Berwick Grange, 5, Otley Rd., Harrogate	34	I
Highfield Home for the Blind, Soothill Lane, Batley ...	14	II
Catholic Women's League, Clitherow House, 49, Valley Dr., Harrogate	16	I
Miss L. W. Miller, "Greylands," Forest Moor, Knaresborough ...	7	I
Mr. E. Fowler, Haversham Court, Ben Rhydding Road, Ilkley ...	22	III
Mrs. D. Wood, Gratton Home for Aged Ladies, 11, East View Terrace, Otley ...	18	I
Mrs. A. C. Shepley, Batley Hall, Upper Batley ...	13	I
Harrogate Guild of Help (Avondale Trust Ltd.), "The Avondale," Cold Bath Road, Harrogate ...	20	I
Mrs. A. Carter-Squire, "Newlands," 58, Harlow Moor Drive, Harrogate ...	9	I
Yorkshire Association for the Disabled, St. George's House, Otley Road, Harrogate ...	88	II
Mr. J. N. and Mrs. A. M. Gill, The Gables, Norland, Sowerby Bridge	11	I
Mrs. M. Fell, Oakfield, Thwaites Brow, Keighley ...	5	I
Mrs. M. R. Dodds, Lansdown, 30, Westcliffe Grove, Harrogate ...	8	I
Mr. and Mrs. G. North, "Burnlee House", Park Head, Holmfirth...	17	I
Mrs. Minnie Satariano, "Downside," 15, Otley Road, Harrogate ...	15	I
Mrs. Alice McConney, Elm Bank, 242, Park Lane, Keighley ...	8	I
Mr. Douglas Kneen, Thorpe House, Triangle, near Halifax ...	15	I
Mrs. Doreen May Thompson, Brooklands, Harper Lane, Yeadon ...	6	I
Mrs. R. E. Higgins, Housley Manor, Housley Hall Lane, Chapeltown	16	I
Pentecostal Eventide Housing Association, Brooklands, Bakewell, Pentecostal Eventide Home, Bradford Road, Wrenthorpe ...	30	I
Mrs. Hester Walker, Granville House, Exley Road, Keighley ...	9	III
Mrs. A. G. Turner and Miss G. Carradice, Ghyll Court, The Wells Walk, Ilkley ...	12	I
Mrs. K. M. Pay, 60, Franklin Road, Harrogate ...	7	I
Mr. F. Vasey (Kildare Lodge Ltd.), Kildare Lodge, 23, Park Drive, Harrogate ...	9	I
Mr. J. Perry, Hartwell Home, Raincliffe, Thorpe Hesley ...	22	I
Mrs. Freda Mary Hodge, The Redlands, 21, Grove Road, Harrogate	6	I
Keighley and District Institution for the Blind, Home for the Blind, Westfield, Bromley Road, Bingley ...	16	II
Mr. and Mrs. J. Slater, Hartrigg Guest House, Buckden, via Skipton...	10	I
Pentecostal Eventide Home, Aismunderby Close, Quarry Moor Lane, Ripon ...	20	I
Mrs. Dorothy Pearson, Thornlea Villas, Holme House Road, Cornholme, Todmorden ...	6	I
Mrs. L. Lawrence, Fearby House, 77, High Street, Starbeck, Harrogate	6	I
Mr. Geoffrey Noble and Mrs. Brenda Ainsworth, Bankfield Guest House, Hollins Lane, Sowerby Bridge ...	13	I
Mr. J. D. and Mrs. B. L. Band, Scott Bank, Hollins Lane, Sowerby Bridge ...	7	I
Mrs. B. Townend, Lyndon Rest Home, 30, Ripon Road, Harrogate...	10	I
Pudsey Voluntary Committee for the Welfare of the Blind, Lynnwood Centre and Residential Home, 18, Alexandra Road, Pudsey ...	9	II
Mrs. A. McConney, "Christony," Beech Grove, Sutton in Craven ...	12	I

<i>Establishment</i>	<i>Number of Residents</i>	<i>Type of Home *(Part I, II or III)</i>
Alderson House Ltd., Alderson House, 2, Alderson Square, Harrogate	5	I
Sue Ryder Home for Concentration Camp Survivors, Hickleton Hall, Nr. Doncaster	27	III
Mr. A. K. and Mrs. E. J. Sims, The Grange, Emley	18	III
Mrs. Hilda Mary Dobson, Carr Farm, Darley, Nr. Harrogate ...	3	I
Mrs. W. G. Pickering, "Fairholme," Hebers Ghyll Drive, Ilkley ...	8	I
Mrs. M. Jowett, Valley View Rest Home, 4, Cross Banks, Otley Road, Shipley	7	I
Mrs. Doris Jervis, Glenayr Rest Home, 19, Franklin Mount, Harrogate	5	I
Mrs. Audrey Milnes, Maple Grange, 16, Roseville Road, Harrogate	5	I
Mr. and Mrs. A. K. Sims, Oaklands, Turnshaw Road, Kirkburton, Huddersfield	26	III
Mr. and Mrs. T. H. Horsfall, The Woodlands, Gelderd Road, Gilder- some	20	I
Mrs. C. Holmes, Hill Crest, 40, Harlow Moor Drive, Harrogate ...	10	I
Mr. W. A. and Mrs. E. V. Hall, Knapping Rise, 53, King's Road, Harrogate	11	I
Mrs. E. White and Mr. J. Shilson, Park Lodge Rest Home, 34, Park Avenue, Harrogate	12	I
Mr. and Mrs. J. C. Van Der Velde, Waldernheath Hotel for the Elderly, 60, Cornwall Road, Harrogate	22	I
Mrs. K. Gregg, Wyndcliffe, Wilton Road, Ilkley	9	I
Mrs. N. Cassells, 9, Whitcliffe Crescent, Ripon	6	I
Miss A. Watson, 1, Mayfield Villas, Kirklands Road, Baildon ...	4	I
Mrs. E. McCarthy, Garfield, 147, Knaresborough Road, Harrogate ...	6	I
Miss M. R. Murison, 10, Regal Flats, Clarence Drive, Harrogate ...	3	I
Mrs. P. H. Booth, Fellston, 5, Clifton Road, Ilkley	15	I
The Management Committee of the West Riding Cheshire Homes, White Windows, Sowerby Bridge	35	III
Mr. and Mrs. C. Morritt, Welland Villa, 53, Richardshaw Lane, Pudsey	6	I
<i>Incorporated by Royal Charter</i>		
Lister House, Sharow, near Ripon	70 approx.	III (and Hospital cases)

* Part I—Homes for Old Persons.

Part II—Homes for Disabled Persons.

Part III—Homes for Old and Disabled Persons.

Table 80 Registration of Nursing Homes

Div. No.	Name and Address of Nursing Home	Number of beds registered	
		Maternity	Other
1	“ Christony ”, Eshton Hall, Gargrave	—	20
3	Norwood House, High Spring Gardens Lane, Keighley ...	—	14
	Sunnybank, Braithwaite, Keighley	—	9
4	Elmhurst, Hall Bank Drive, Bingley	—	3
	Thornfield, Micklethwaite, Bingley	—	11
5	Ardenlea, Queen’s Drive, Ilkley (Marie Curie Memorial Foundation)	—	33
	Jesmond, New Street, Farsley	—	7
	Oak Bank, Outwood Lane, Horsforth	—	10
	St. Joseph’s Convalescent Home, Outwood Lane, Horsforth...	—	45
7	Cavendish, 17, Cavendish Avenue, Harrogate... ..	—	16
	Clova, 1, Clotherholme Road, Ripon	—	21
	Courtfield, 3, St. James’s Drive, Harrogate	—	14
	Duchy House, 9, Queen’s Road, Harrogate	5	30
	Edenfield, 3, Tewit Well Road, Harrogate	—	20
	Ellangowan, 26, Queen’s Road, Harrogate	—	16
	Hampden House, 120, Duchy Road, Harrogate	—	46
	Heatherwood, 17, Duchy Road, Harrogate	—	14
	Hereford, 16, Hereford Road, Harrogate	—	21
	Kingsley, 38, Ripon Road, Harrogate	—	17
	Norman Lodge, 58, Kent Road, Harrogate	—	29
	Strathroy, 115, Franklin Road, Harrogate	—	6
	The Pines, 57, Harlow Moor Drive, Harrogate	—	14
	Westfield, Killinghall, Harrogate	—	8
9	Cheshire Home, Spofforth Hall, Spofforth, Harrogate ...	—	28
15	Cheshire Home, Kenmore, Whitcliffe Road, Cleckheaton ...	—	27
20	Woodend, Atherton Street, Springhead	—	13

Table 81 The Medical Inspection of School Children
NUMBER OF PUPILS ON REGISTERS

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Nursery	317	301	618
Primary	93,361	88,989	182,350
Secondary	54,693	51,514	106,207
Special Schools (Boarding)	245	113	358
Special Schools (Day)	384	297	681
Special Schools (Hospital)	76	43	119
	149,076	141,257	290,333

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A.—Periodic Medical Inspections

Age groups inspected (by year of birth) and number of pupils examined in each, together with classification of the physical condition of the pupils inspected.

Age groups inspected (Year of Birth)	Number of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		Number of Pupils found not to warrant a medical examination (See Note below)
		Satisfactory No.	Unsatisfactory No.	
(1)	(2)	(3)	(4)	(5)
1963 and later ...	1,641	1,637	4	—
1962 ...	14,725	14,700	25	—
1961 ...	10,268	10,241	27	—
1960 ...	3,574	3,555	19	335
1959 ...	7,068	7,059	9	2,299
1958 ...	3,774	3,765	9	636
1957 ...	1,561	1,557	4	79
1956 ...	3,689	3,687	2	1,686
1955 ...	4,245	4,240	5	898
1954 ...	1,763	1,760	3	54
1953 ...	5,291	5,288	3	1,517
1952 and earlier ...	10,783	10,775	8	575
Total ...	68,382	68,264	118	8,079

Column (3) total as a percentage of Column (2) total ... 99·83%
 Column (4) total as a percentage of Column (2) total... 0·17%

NOTE: As selective examinations have been carried out, Column (5) above gives the number of pupils who have been “interviewed” or “discussed” at case conferences and found not to warrant a medical examination.

B.—Other Inspections

Number of Special Inspections ...	10,973
Number of Re-Inspections ...	8,340
Total ...	19,313

The number of children examined during 1967 shows a slight decrease on the 1966 figures:—

	<i>Periodics</i>	<i>Other Inspections</i>	<i>Number of pupils found not to warrant an examination on Selective Procedures</i>
1966	73,122	21,037	5,910
1967	68,382	19,313	8,079

C.—Pupils Found to Require Treatment

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group (Year of Birth)	For defective vision excluding squint	For any of the other conditions recorded in Table III	Total individual pupils
1963 and later	16	171	184
1962	390	1,270	1,601
1961	391	960	1,282
1960	116	241	333
1959	353	720	1,034
1958	206	422	588
1957	73	109	175
1956	203	381	567
1955	193	344	522
1954	85	107	185
1953	254	394	617
1952 and earlier	513	615	1,051
Total	2,793	5,734	8,139

TABLE II

INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	455,124
(ii) Total number of <i>individual</i> pupils found to be infested ...	7,119
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	184
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	29

The percentage of infested pupils found during 1967 was 1·56 as opposed to a percentage of 1·62 in 1966.

TABLE III

DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1967

NOTE.—All defects noted at medical inspection as requiring treatment are included in this table, whether or not this treatment was begun before the date of the inspection

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS								SPECIAL INSPECTIONS	
		Entrants		Leavers		TOTAL (including all other periodic age groups inspected)		Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
		Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation				
4	Skin	287	658	352	312	1,032	1,560	336	181		
5	Eyes—	835	1,681	727	1,440	2,798	5,248	495	1,486		
	a. Vision	327	527	21	131	490	1,028	74	171		
	b. Squint	43	79	12	96	112	297	38	56		
	c. Other	201	861	46	148	425	1,632	212	375		
6	Ears—	111	567	35	113	215	1,011	54	98		
	a. Hearing	43	120	5	42	86	273	40	59		
	b. Otitis Media	471	1,894	77	241	811	3,073	200	479		
	c. Other	189	749	16	43	289	1,050	154	239		
7	Nose and Throat	42	570	2	34	51	805	9	105		
8	Speech	45	457	23	146	121	934	27	245		
9	Lymphatic Glands	183	729	35	173	298	1,373	106	283		
10	Heart	36	121	6	15	70	189	15	50		
11	Lungs	47	636	65	73	314	1,164	50	233		
12	Developmental—	16	97	9	72	51	355	7	59		
	a. Hernia	277	595	81	161	482	1,223	113	294		
	b. Other	103	469	43	173	220	955	92	211		
13	Orthopaedic—	29	73	18	37	83	187	34	48		
	a. Posture	86	380	15	61	180	641	40	87		
	b. Feet	14	277	3	41	64	550	334	213		
	c. Other	55	716	11	76	145	1,283	317	311		
14	Nervous System—	18	148	11	34	51	345	10	29		
	a. Epilepsy	346	737	215	223	849	1,512	188	506		
	b. Other										
15	Psychological—										
	a. Development										
	b. Stability										
16	Abdomen ...										
17	Other ...										

TABLE IV
TREATMENT OF PUPILS

Notes

The figures given under this heading include:—

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Boards;
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Figures under this section are incomplete as one has to rely on hospital discharge notifications and other agencies.

							Number of cases known to have been dealt with
<i>Group 1. Eye Disease, Defective Vision and Squint</i>							
External and other, excluding errors of refraction and squint							147
Errors of refraction (including squint)							20,020
Total							20,167
Number of pupils for whom spectacles were prescribed ..							7,649
							Number of cases known to have been treated
<i>Group 2. Diseases and Defects of Ear, Nose and Throat</i>							
Received operative treatment:—							
(a) for diseases of the ear							112
(b) for adenoids and chronic tonsillitis							1,189
(c) for other nose and throat conditions							143
Received other forms of treatment							120
Total							1,564
Total number of pupils in schools who are known to have been provided with hearing aids:—							
(a) in 1967							41
(b) in previous years							245
<i>Group 3. Orthopædic and Postural Defects</i>							
(a) Pupils treated at clinics or out-patient departments							805
(b) Pupils treated at school for postural defects ...							61
Total							866

	Number of cases known to have been treated
<i>Group 4. Diseases of the Skin (excluding uncleanness for which see Table II)</i>	
Ringworm—(a) Scalp	8
(b) Body	23
Scabies	374
Impetigo	131
Other skin diseases	616
Total	<u>1,152</u>
<i>Group 5. Child Guidance Treatment</i>	
Number of pupils treated at Child Guidance clinics under arrangement made by the Authority	1,664
<i>Group 6. Speech Therapy</i>	
Number of pupils treated by Speech Therapists under arrangements made by the Authority	1,154
<i>Group 7. Other Treatment Given</i>	
(a) Number of cases of miscellaneous minor ailments treated by the Authority	2,968
(b) Pupils who received convalescent treatment under School Health Service arrangements...	27
(c) Pupils who received B.C.G. vaccination ...	16,395
(d) Other:—	
1. Ultra Violet Light Treatment	38
2. Remedial Exercises	22
3. Audiology	133
4. Abdominal defects	14
5. Chest and Heart	41
6. Miscellaneous	163
Total (a)—(d)	<u>19,801</u>

Table 82 Care of the Handicapped Pupil

The following table gives details of handicapped pupils and placings in special schools and hostels during the year, and particulars of the number of children in residence in special schools at the end of the year:—

Category	New Ascertainments	New Placings in Special Schools	Total No. attending Special Schools		No. Boarded in Homes or Hostels	No. Attending Independent Schools	No. Awaiting Placement in Special Schools	No. receiving Home Tuition
			Day	Board- ing				
Blind	3	3	—	60	—	—	5	—
Partially Sighted	10	8	29	31	—	—	10	1
Deaf	14	11	44	126	—	—	5	1
Partially Hearing	14	7	34	39	—	1	12	—
Delicate	61	43	19	88	1	—	16	2
*Physically Handicapped	49	40	90	124	—	12	28	32
Educationally Subnormal	251	239	882	285	—	19	300	1
Maladjusted	57	52	—	52	27	2	38	6
Epileptic	8	5	—	28	—	—	—	1
Speech Defects	—	1	1	1	—	—	3	—
Totals	467	409	1,099	834	28	33	417	44

* Excluding children sent to or awaiting places in hospital schools.

Table 83 Educable Children Suffering from Cerebral Palsy

The following table gives the details relating to educable cerebral palsied children in the West Riding including children of pre-school age.

Total No. of educable Spastics	No. accom- modated in Special Schools	No. attending Ordinary Schools		No. receiving Home Tuition	No. receiving no Education
		Satisfactorily	Needing placement in Special Schools		
169	96	34	34	2	3

Table 84 Audiology Clinics

SUMMARY OF WORK CARRIED OUT

Doncaster Clinic

Number of Sessions held							27
Number of Individual Children attending							
(a) Referred for first time in current year...							64
(b) Also attended in previous year							51
Total							115
Total number of attendances made							122
Areas from which referred (i.e. number from each Division)							
Division No. 10							—
Division No. 11							2
Division No. 12							7
Division No. 23							5
Division No. 26							1
Division No. 27							42
Division No. 29							4
Division No. 31							3
Total							64
Ages of children referred							
Under 1							1
1—2 years							7
2—5 years							16
5—8 years							16
8—11 years... ..							19
11+ years							5
Results of Clinical Investigation							
Number of children with significant hearing loss							52
Number of children without significant hearing loss							60
Number of children at present undiagnosed							3
Recommendations							
Hearing aid... ..							10
Front seat in class							8
Speech Therapy							4
School for the Deaf							6
School for the Partially Hearing							4
School for E.S.N. Deaf Children							1
School for Speech Defects							1
Referred to Ear, Nose and Throat clinic							19
Referred to Pædiatrician							1
Referred to Child Guidance Clinic							1
Referred to Plastic Surgeon							1
Recommended to attend Ingleborough Hall Special School... ..							1
For loan of Speech Trainer							3

Horsforth Clinic

<i>Number of Sessions held</i>	5
<i>Number of Individual Children attending</i>	
(a) Referred for first time in current year... ..	14
(b) Also attended in previous year	3
Total	17
<i>Areas from which referred (i.e. number from each Division)</i>	
Division No. 1	3
Division No. 5	14
Total	17
<i>Ages of children referred</i>	
Under 1	1
1—2 years	—
2—5 years	5
5—8 years	6
8—11 years... ..	3
11+ years	2
<i>Results of Clinical Investigation</i>	
Number of children with significant hearing loss	7
Number of children without significant hearing loss	10
<i>Recommendations</i>	
Hearing aid... ..	3
To sit in front of class	—
Speech Therapy	1
School for Deaf	1
School for Partially Hearing	—
School for Speech Defects	—
For T's and A's	2

Table 85 The Work of the Psychologists

1. CHILDREN EXAMINED
A. MALADJUSTED

Age Range

	below 5	5—7+	8—10+	Over 11	TOTALS
BOYS ...	8	100	142	183	433
GIRLS ...	4	40	50	80	174
Totals ...	12	140	192	263	607
Percentage ...	2·0	23·0	32·0	43·0	100

I.Q. Range

	below 70	70—89	90—109	110—129	Over 130	TOTALS	Mean I.Q.
BOYS ...	17	116	182	80	12	407	95·6
GIRLS ...	14	50	60	27	4	155	94·0
TOTALS	31	166	242	107	16	562	95·3

Symptoms on Referral

	Nervous	Behaviour	Habit	Others	TOTALS
BOYS ...	93	299	42	10	444
GIRLS ...	55	95	6	14	170
TOTALS ...	148	394	48	24	614

Sources of Referral

Age Range	S.M.O.	H.T.	G.P.	Pæd.	P.O.	C.O.	Parent	Others	TOTALS
Below 5 ...	4	—	4	2	—	2	—	—	12
5—7+ ...	67	26	26	4	1	6	4	6	140
8—10+ ...	97	33	38	8	4	4	4	4	192
Over 11 ...	103	38	46	5	34	8	8	21	263
TOTALS	271	97	114	19	39	20	16	31	607

B. HANDICAPPED

Age Range

	below 5	5—7+	8—10+	Over 11	TOTALS
BOYS ...	47	78	123	58	306
GIRLS ...	31	44	38	25	138
TOTALS ...	78	122	161	83	444
Percentage ...	18	27	36	19	100

B. HANDICAPPED (continued)

I.Q. Range

	below 50	50—69	70—89	90—109	110—129	Over 130	TOTALS
BOYS ...	30	80	96	65	17	4	292
GIRLS ...	25	39	38	38	—	1	141
TOTALS	55	119	134	103	17	5	433

Symptoms on Referral

	Vision	Hearing	Speech	Motor	Learning	General Back-wardness	Others	TOTALS
BOYS ...	3	47	33	9	111	109	8	320
GIRLS ...	4	24	4	7	26	73	1	139
TOTALS	7	71	37	16	137	182	9	459

Sources of Referral

Age Range	S.M.O.	H.T.	G.P.	Pæd.	P.O.	C.O.	Parent	Others	TOTALS
Below 5 ...	56	1	5	8	—	1	2	5	78
5—7+ ...	70	21	4	13	—	1	4	9	122
8—10+ ...	105	34	3	4	—	—	9	6	161
Over 11 ...	44	25	2	3	1	—	4	4	83
TOTALS	275	81	14	28	1	2	19	24	444

2. BACKWARD READERS

Referred as maladjusted
Referred as handicapped

TOTALS ...

BOYS	GIRLS	TOTALS
113	27	140
86	25	111
199	52	251

Age Range

	5—7+	8—10+	Over 11	TOTALS
BOYS ...	37	94	68	199
GIRLS ...	11	30	11	52
TOTALS	48	124	79	251

I.Q. Range

	Below 70	70—89	90—109	110—129	Mean I.Q.	Mean R.Q.
BOYS ...	5	84	91	19	92.6	64.5
GIRLS ...	1	25	24	2	90.7	65.9
TOTALS ...	6	109	115	21	91.9	65.3

3. VISITS

Schools	Special Schools	Training Centres	Homes	Audiology Clinics	Others
442	53	13	54	20	14

Breakdown of Figures per Psychologist

CHILDREN SEEN

A. Maladjusted	Mr. Mannix	Mr. Pickles	Mrs. Pilkington	Mrs. Rowlands	Mr. Valentine	TOTALS
(i) Nervous ...	31	31	31	17	38	148
(ii) Behaviour ...	56	122	85	64	67	394
(iii) Habit... ...	10	15	5	5	13	48
(iv) Other... ...	5	1	11	7	—	24
Total Symptoms...	102	169	132	93	118	614
Total Children ...	102	162	132	93	118	607
B. Handicapped						
(i) Vision ...	2	4	1	—	—	7
(ii) Hearing ...	4	30	30	5	2	71
(iii) Speech ...	12	9	11	2	3	37
(iv) Motor ...	4	8	2	1	1	16
(v) Learning ...	31	52	31	4	22	140
(vi) General Backwardness	43	58	29	8	44	182
(vii) Other ...	3	2	2	—	2	9
Total Symptoms...	99	163	106	20	74	462
Total Children ...	99	145	106	20	74	444
C. Total Children Seen ...	201	307	238	113	192	1051
D. Visits						
(i) Ordinary schools ...	90	56	120	83	93	442
(ii) Special schools	22	18	10	3	—	53
(iii) Training Centres ...	1	2	8	1	1	13
(iv) Homes ...	6	8	20	7	13	54
(v) Audiology ...	—	3	17	—	—	20
(vi) Others ...	—	5	4	5	—	14
TOTALS... ...	119	92	179	99	107	596

Table 86 The Psychotic Child

The situation at the end of 1967 was as follows:—

						BOYS	GIRLS
1. <i>Children showing evidence of autism</i>							
<i>Pre-school age:</i> At Training Centre... 						1	—
<i>School Age:</i>							
At home: refused Training Centre (excluded Special School) ...						—	1
At home: awaiting training centre						1	—
At home: on Home Tuition 						1	—
Attending Training Centres						5	3
At Nursery School (awaiting special school placement)						—	1
At Day E.S.N. School 						1	—
At Ordinary School (under investigation)						—	1
Attending school for maladjusted						1	—
Attending Rudolf Steiner Schools						4	1
In hospital for subnormals 						—	1
TOTAL ...						14	8
2. <i>Children showing evidence of psychosis other than autism</i>							
At home: refused training centre						1	—
Attending Training Centre						1	—
Attending Training Centre (awaiting Special School)						—	1
Attending School for E.S.N. Pupils... 						1	—
Attending School for Maladjusted Pupils						1	—
In Adolescent Unit for Maladjusted 						—	1
In hospitals for subnormals (permanent care) 						1	1
TOTAL ...						5	3

Possible factors in the psychotic condition were present as follows:—

				Autistic Syndrome		Other Psychoses	
				BOYS	GIRLS	BOYS	GIRLS
Early separation from parents (hospitalization) 				1	—	—	—
“ Brain damage ”... 				1	1	—	1
Associated epilepsy 				1	—	2	—
Encephalitis 				1	1	—	—
Neonatal anoxia				1	—	—	—
Mother psychotic... 				2	2	—	—
Father psychotic				—	—	—	1
Parental rejection... 				1	—	—	—
No apparent cause 				6	4	3	1

Table 87 School Ophthalmic Service, 1953-67

<i>Year</i>	<i>No. of children examined (including re-examinations)</i>	<i>No. prescribed glasses</i>
1953	17,659	9,462
1954	17,691	9,240
1955	17,265	9,926
1956	17,644	9,999
1957	17,662	9,782
1958	18,829	9,472
1959	18,784	9,411
1960	20,651	10,029
1961	20,387	9,542
1962	19,874	8,831
1963	20,559	9,201
1964	20,248	8,904
1965	20,304	8,590
1966	19,996	8,024
1967	20,167	7,649

Table 88 Medical Treatment at Clinics

Type of Clinic	Number	
	Provided directly by the Authority	Under arrangements with Regional Hospital Boards
Minor Ailment and other non-specialised	73	—
Dental	62	—
Ophthalmic	7	58
Speech Therapy	35	—
Ultra Violet Light	3	—
Pædiatric	16	5
Chiropody	2	—
Consultant E.N.T.	—	5
Consultant Orthopædic	4	10
Consultant Dermatology	—	1
Consultant Cardiac	—	1
Orthoptic	—	4
Remedial Exercises... ..	7	—
Audiology	2	—

Table 89 Consultant Services

CONSULTANT E.N.T. SERVICE

No. of sessions held during the year 166

	<i>Pre-school Children</i>	<i>School Children</i>	<i>Total</i>
No. of individual children seen by consultant, including those continuing attendance from previous year ...	7	274	281
No. of above referred for operative treatment	3	126	129
No. of children:—			
(a) who obtained operative treatment during year	—	217	217
(b) treated at school clinics	1	412	413
No. of attendances at consultant clinics	11	498	509

CONSULTANT ORTHOPÆDIC SERVICE

Consultant Clinic

No. of sessions held during the year 133

No. of individual patients seen by consultant, including those continuing attendance from previous year ...	406	724	1,130
No. of above—			
(a) referred for operative treatment as short stay cases only ...	10	30	40
(b) recommended long-stay hospital school	—	—	—
(c) recommended treatment by orthopædic nurse or physiotherapist—			
(i) at treatment centres ...	15	45	60
(ii) domiciliary	4	15	19
No. of children who obtained operative treatment during the year	7	17	24
Total number of attendances at consultant clinics	511	889	1,400

Treatment Centres

No. of sessions held during the year 861

Total No. of patients treated, including cases continuing treatment from previous year	67	307	374
Total number of attendances	870	4,288	5,158

<i>Domiciliary Treatment</i>	<i>Pre-school Children</i>	<i>School Children</i>	<i>Total</i>
Total number treated	—	—	—
Total number of visits to patients' homes	—	—	—
<i>Appliances</i>			
No. of appliances—			
(a) recommended	63	34	97
(b) obtained	61	33	94

PHYSIOTHERAPY SERVICE

At the end of the year the staff aggregated the equivalent of 1.66 whole-time officers.

ULTRA-VIOLET LIGHT CLINICS

Clinics are held in only two Divisions, and the figures for 1967 show a decrease in the number of sessions and children treated.

Number of sessions held during the year 150

Number of children treated during the year	19	38	57
Total number of attendances	231	598	829

CONSULTANT PÆDIATRIC SERVICE

Consultant Clinics

No. of sessions held during the year 146

No. of individual patients seen—			
(a) New cases	111	126	237
(b) Cases attending from previous year(s)	168	309	477
Total number of attendances at clinics	408	595	1,003

The following table gives details of the various types of defect or disease for which children were referred for consultant opinion:—

<i>Defect or Disease</i>			
Central Nervous System: General ...	22	20	42
Migraine	2	17	19
Epilepsy	15	52	67
Heart and Circulatory System ...	33	83	116
Respiratory System, including E.N.T. Defects	15	66	81
Speech	6	11	17
Orthopædic	8	1	9
Cerebral palsy	—	1	1
Skin	3	2	5
Psychological	1	8	9

<i>Defect or Disease</i>	<i>Pre-school Children</i>	<i>School Children</i>	<i>Total</i>
Mental Retardation, including Educational Subnormality	16	19	35
Congenital Deformities	16	4	20
Gastro-intestinal System	2	2	4
Genito-urinary System	—	1	1
Glands	1	1	2
Nutritional	7	20	27
Developmental: General	67	52	119
Incontinence	12	36	48
Muscular Disease	4	7	11
Habit Spasms	2	5	7
Rheumatism	—	1	1
Obesity	—	4	4
Prematurity	2	—	2
Exophthalmus	—	1	1
Debility	—	1	1
Leukæmia	—	1	1
Hæmophilia	1	—	1
Unclassified	28	8	36

CARDIAC CLINIC: HARROGATE

Dr. Hepple, Divisional Medical Officer, reports on attendances during 1967:

Total clinics held:—	31	(plus two additional sessions at the Harrogate General Hospital)
Total children seen:—	191	
New cases:—	29	
Admitted to Killingbeck Hospital for operation:	6	
Cardiac catheterisation	2	
Closure of patent ductus	1	
Valvotomy	1	
Thoracotomy	2	
Seen at Leeds for further investigation and follow-up: 17 after operations		

Table 90 Cleanliness, 1949-67

Year	Total number of examinations made by school nurses	Number of individual children found to be infested	Percentage of school population
1949	574,968	23,457	10·5
1950	523,473	20,214	8·8
1951	559,388	18,599	7·9
1952	610,201	19,772	8·1
1953	575,645	17,815	7·1
1954	549,961	13,619	5·3
1955	547,369	11,657	4·5
1956	512,868	10,379	3·9
1957	481,239	10,459	3·9
1958	523,353	9,753	3·7
1959	482,874	9,834	3·6
1960	467,937	10,341	3·9
1961	462,207	9,273	3·5
1962	421,257	8,912	3·3
1963	416,570	8,229	3·3
1964	434,790	8,696	2·0
1965	461,862	8,999	3·2
1966	478 017	7,786	2·7
1967	455,124	7,119	2·4

In some areas a system of “Selective” inspections has been introduced as suggested in “*The Health of the School Child 1962/63.*”

Table 91 Nutrition, 1956-67

Year (1)	Total number of pupils inspected (2)	Classification			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1956	89,564	87,318	97.50	2,246	2.50
1957	83,250	81,524	97.90	1,726	2.10
1958	84,346	83,025	98.43	1,321	1.57
1959	88,398	87,484	98.97	914	1.03
1960	83,630	82,892	99.12	738	0.88
1961	82,938	82,343	99.28	595	0.72
1962	82,395	81,950	99.46	445	0.54
1963	76,706	76,268	99.43	438	0.57
1964	70,895	70,485	99.42	410	0.58
1965	75,134	74,728	99.46	406	0.54
1966	73,122	72,836	99.61	286	0.39
1967	68,382	68,264	99.83	118	0.17

School Meals

The number of meals provided to school children daily according to a check made in September, 1967 was 198,394 compared with 189,277 in September, 1966. This represents 74.95 per cent. of children in attendance.

Table 92 Protection of School Children Against Tuberculosis
TUBERCULIN TESTING OF SCHOOL ENTRANTS

Health Division (a)	No. tested (b)	Negative reactions (c)	Positive reactions (d)	Of column (d)		Further investigation
				Previous B.C.G. Vaccina- tion	Final Skin Test — +	
Keighley (Heaf Test)	745	731	14	10	— 4	Referred to Chest Physician.

Table 93 Dental Inspections and Treatment Carried Out

Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	26,967	26,530	6,169	59,666
Subsequent visits	30,120	63,180	15,671	108,971
Total visits	57,087	89,710	21,840	168,637
Additional courses of treatment commenced	1,419	1,808	465	3,692
Fillings in permanent teeth ...	31,106	81,749	22,446	135,301
Fillings in deciduous teeth ...	15,831	1,200	—	17,031
Permanent teeth filled	23,247	68,968	19,763	111,978
Deciduous teeth filled	14,109	1,061	—	15,170
Permanent teeth extracted ...	2,243	11,203	2,646	16,092
Deciduous teeth extracted ...	42,960	11,737	—	54,697
General anæsthetics	14,256	7,410	837	22,503
Emergencies	2,307	1,005	247	3,559
Number of Pupils X-rayed				3,517
Prophylaxis				18,832
Teeth otherwise conserved				2,237
Number of teeth root filled				259
Inlays				130
Crowns				436
Courses of treatment completed... ..				50,945

Orthodontics

Cases remaining from previous year ...	3,856
New cases commenced during year ...	1,368
Cases completed during year	1,148
Cases discontinued during year	162
Number of removable appliances fitted...	2,526
Number of fixed appliances fitted ...	133
Pupils referred to Hospital Consultant ...	—

Prosthetics

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)...	—	—	12	12
Pupils supplied with other dentures (first time)	24	239	152	415
Number of dentures supplied	29	354	295	678

Anæsthetics	General Anæsthetics administered by Dental Officers ...	22,252
-------------	---	--------

Inspections

(a)	First inspection at school. Number of Pupils	160,910
(b)	First inspection at clinic. Number of Pupils	15,909
	Number of (a) + (b) found to require treatment	105,072
	Number of (a) + (b) offered treatment	93,696
(c)	Pupils re-inspected at school clinic	16,907
	Number of (c) found to require treatment	8,184

Sessions

Sessions devoted to treatment	23,721*
Sessions devoted to inspection	1,417
Sessions devoted to Dental Health Education ...	472

*Includes 1,476 Anæsthetist sessions

HEALTH EDUCATION

Report of the County Medical Officer presented to and approved at the October meeting of the Public Health Sub-Committee

Development of Health Education in the West Riding:

In recent years there has been a gradual but progressive growth of activities in the field of health education and in view of the influx of new Members it is considered an appropriate time to provide this Committee with a review of this service.

The World Health Organisation Expert Committee on Health Education (1954) defined the aims of health education as follows:—

1. To make health a valued community asset.
2. To equip people with knowledge and skills that they can use to solve their health problems.
3. To promote the development of health services.

These aims were drafted in the widest possible terms, since they are intended to apply to any country in the world. Countries differ in their needs, however, and in Britain it would be fair to say that we have gone a long way to achieving the first and third of these aims. Community recognition of health as an asset implies, roughly, that the community favours the spending of public money on services, and participates in the provision and organisation of these services.

This report is concerned mainly with item 2 above and indicates the growth of the service in the West Riding and the ways and means by which our obligations are being fulfilled.

The early days of public health were concerned with the environmental factors but although much was done to prevent disease by sanitary improvements, there came a time when it was realised that members of the public themselves could do much to improve the rate of progress. This entailed education of the public in health matters and gradually methods of publicity such as lectures, health weeks, posters and distribution of leaflets were introduced. This form of propaganda was used sporadically and sparingly for there were no statutory powers given to local authorities. In 1925, the Public Health Act of that year (Section 67) (re-enacted in Section 179 of the Public Health Act, 1936) authorised local authorities to incur expenditure on the education of the public and since that date there has been more steady progress. The National Health Service Act, 1946, includes Section 179 of the Public Health Act, 1936, in the Tenth Schedule to the Act; this schedule construes the section as a function of a Local Health Authority.

Section 28 of the National Health Service Act lays the duty, if so directed by the Minister, of providing for the prevention of illness on local health authorities, and Circular 118/47, para. 37, points out that local health authorities in their proposals under Section 28 “will find most scope for the exercise of their powers in relation to health education.” Thus health education is a statutory function of a local health authority under the National Health Service Act, 1946: it, however, remains possible for local sanitary authorities to do similar work under Section 179 of the Public Health Act, 1936.

Under Section 28 the Authority's proposals make reference to the organisation involved in connection with health education as follows:—

“ It is proposed to make arrangements for Health Education throughout the Authority's area as an integral part of the Divisional Scheme.

The Divisional Medical Officer will be an organiser of health propaganda throughout his division and there will be liaison for propaganda throughout the Authority's area through a central propaganda section which it is proposed to establish. Care will be taken to integrate work with the Central Council for Health Education whose valuable services will be used to the fullest possible extent but it is also proposed to institute Health Educational Services directly by such means as :—

Exhibitions in clinics, halls, etc.
Exhibition of films.
Making of films.
Display of posters.
Distribution of leaflets, pamphlets, etc.
Provision of Lecturers.”

In 1948 the need to establish health education on a firm basis was apparent—at that time the inventory of equipment amounted to one 16mm. silent film projector and screen—which had been used chiefly to augment lectures and talks to various audiences to introduce and stimulate the demand for diphtheria immunisation. Since then successive Committees have recognised our responsibilities and have authorised the provision of tools with which to do the job.

There has been a very gradual build-up of equipment over the years and this is reflected in the Budget Estimate provision which, in recent years for items of equipment and literature, has been as follows:—

£				£			
1961/62	...	...	5,000	1965/66	...	...	8,800
1962/63	...	...	5,500	1966/67	...	...	9,505
1963/64	...	...	6,500	1967/68	...	...	7,800*
1964/65	...	...	6,750				

* Initially provision for the expenditure of £9,750 was made: cuts in Budget Estimates necessitated reduction to this amount.

The increasing activities undertaken necessitated, from time to time, a re-appraisal of the staffing establishment of the health education unit at central office although, prior to 1960 the service had been supervised by the county nursing officer with administrative and clerical assistance with considerable success, it was evident that to keep pace with the ever increasing demands for the assistance and guidance of the field staff the appointment of a further number of staff to the unit was necessary. Accordingly in July, 1960, a deputy county nursing officer was appointed who devoted half of her time to health education activities.

This appointment provided a considerable stimulus in the whole field of health education which continued to expand: more groups of people were brought within our compass; the range of activities was widened and the field staff extended their efforts with vigour. Ever increasing demands on the service resulted in November, 1964, in the appointment of a second deputy county nursing officer which thus released the first appointment to full-time health education work.

With the considerable growth of the service and the increased complement of equipment the need for the appointment of a health education technician to produce and maintain displays, exhibitions and other visual aids also to train staff in the use of visual aids was apparent and in January, 1965, a technician took up duties.

The Content of West Riding Health Education Programmes:

The content of the department's health education programme is kept under review by the Health Education Advisory Panel. The panel comprises central and divisional staff as follows: Deputy County Medical Officer, Senior Medical Officer for School Health, Chief Dental Officer, County Nursing Officer, Senior Psychiatric Social Worker-Tutor, Chief County Public Health Inspector, a Divisional Medical Officer, a Divisional Nursing Officer and the Health Education Officer, also from time to time co-opted members from the divisions and central office when their special knowledge or help is required and the panel meets periodically under the chairmanship of Dr. Francis. The major agenda items for its recent and next meetings are given as an addendum.

The following paragraph of this section of the report gives a brief account of some of the points dealt with by the Panel and its implementation.

(i) IN-SERVICE TRAINING:

In-service training courses in health education were begun in 1965 with the object of refreshing the practice of some of the techniques of health education, to introduce new techniques and to make available new knowledge relating to health education programmes. An outline of courses already undertaken and now planned is given below, and the principal subjects of courses and study days already undertaken is given in the addendum.

1965	<i>Study Days</i>	(1) A.C.M.Os.	Birkenshaw	—Health Education— Principles and Problems
		(2) Various staff	Outwood	—General Health Education
1966	<i>Study Day</i>	(1) Various staff	Doncaster	—C.C.H.E. General Course
		(1) Various staff	Grantley Hall	—Teaching techniques
		(2) Various staff		—Health Education and Mental Health in Old Age
1967	<i>Study Days</i>	(1) Senior Staff	Skipton	—Cancer Education
		(2) H.V. Staff	Selby	—Safety in the Home
	<i>Grantley Hall</i>	(1) Various staff		—Teaching techniques
		(2) Senior staff		—Health Hazards of Middle Age
1968	<i>Study Days</i>	(1) Methods of Display		
		(2) Health Education. Use of Medical Services by Patients and Clients		
	<i>Grantley Hall</i>	(1) Group Methods in Health Education		
		(2) Health Education and the Prevention of Mental Ill-Health in Childhood		
1969	<i>Study Day</i>	(1) Health Education and Nutrition		

One special and important piece of in-service training has been undertaken by the health education technician, Mr. F. C. Smith. Films are delicate and easily damaged by the inexperienced. Excessive damage to films could result in the Department not being allowed to borrow films from the central lending libraries and organisations. The training of staff in the use of the film projector has therefore been undertaken. So far the following numbers and categories have undergone training:

Assistant County Medical Officers...	2
Divisional Nursing Officers... ..	20
Health Visitors	284
Midwives	54

This training programme is continuing.

(ii) PHOTOGRAPHIC WORK:

In 1966 the Department acquired both still and cine photographic equipment (see below). The reasons for the use of this type of equipment, which is widely used in the health education work of local authorities, are:

First, for preparation of material for local exhibitions.

Second, photographic visual aids (films and filmstrips) may not be available on appropriate subjects or in an acceptable form or design. For example, good films available nationally may go out of date, or may get too worn for general showing. American and Commonwealth health education films may not always be acceptable to an audience in this country.

Third, certain types of visual aids are not freely available from central libraries, e.g. short films designed to provoke discussions (thematic films).

The preparatory work and photography so far undertaken is given below.

Films:

The School Dental Service has for some time had under consideration the making of local films for their work. Mr. Metcalfe, an area dental officer, has taken special interest in dental health education, and had given much thought to preparation of local films. It was therefore decided to give priority to dental films.

The local work on the first film was completed in August and the film is now undergoing its final processing at a film laboratory. The film runs for about 8 minutes and deals with the work of the West Riding Dental Service, it is intended for use both in the health education programme on dental health and in the teaching of dental students, in which some members of the dental staff assist.

The script of the second dental film has been completed. It will be a health education film specifically aimed at younger school children.

Filmstrips:

Considerable dissatisfaction has been expressed by one or two elected Members regarding the quality and appropriateness of films and filmstrips on home safety and closely related topics. In consequence the available films and filmstrips on home safety were reviewed by two members of the medical staff. It was felt that there was a need for filmstrips on certain subjects, with a recorded commentary, aimed mainly at mothers with young children. A tentative programme for this

work was drawn up, to be reviewed in the light of experience. The suggested subjects are:

- (a) *Cot Safety*. Call attention to pillows, cot toys, plastic pillow covers.
- (b) *Pram Safety*. Choice of safe prams and their safe use.
- (c) *Pills and Sweets*. Draw attention to the dangers of pills and certain sweets being very similar to each other and easily mistaken by the child.
- (d) *Walking, Running and Climbing*. The dangers of a small child's exploration in the home. His need is to experiment and explore.
- (e) *Cooking like Mummy*. The need of the young child to learn by imitation on the one hand and the dangers of playing with cooking equipment on the other.
- (f) *Garden Hazards*. Tools, poisonous plants, garden pools etc.
- (g) *Children in Cars*.
- (h) *Three Generations*. Many households now contain three generations and it would not be inappropriate for a filmstrip to deal with hazards that might affect the grandmother as well as the child.

With the help of Dr. Harvey, Consultant Pædiatrician, and two divisional medical officers (Dr. Telford Burn and Dr. Fraser), the scripts for two filmstrips on 'Cot Safety' and 'Pram Safety' have been prepared and photographic work is being undertaken on 'Pram Safety'.

Still Photography:

In addition to the above the following photographic work has been done:—

(a) Chairman's Exhibition, 1966: Photography for the Health Department's section of this exhibition was undertaken.

(b) Library of Colour Transparencies: Members of the staff are frequently asked to address groups or give lectures both inside and outside the Riding on various aspects of the Department's work. A start has been made in building up a library of slides to illustrate these talks. This work continues.

(iii) POSTERS AND DISPLAYS:

A continuing programme of posters and displays has been organised starting last April. This takes up again an earlier scheme that had been continuing for two or three years previously. In addition to the purchase of posters, for each of the subjects listed below a triptych is designed. This display material is used in clinics and other county health department buildings which are attended by the lay public. Leaflets are also provided for distribution on similar subjects. The subjects so far undertaken or planned are:

1967	April and May	<i>Food Hygiene</i>
	June and July	<i>Summer Time Health</i> (This gave points about sunbathing, swimming and safety when caravanning).
	August and September	<i>Garden Safety</i> (Young children and the dangers of some garden plants, gardening tools and out-door toys).
	October and November	<i>Upper Respiratory Infections</i> (Causes, symptoms and prevention of spread of upper respiratory infections).

1968 December and January *Dangers of Smoking*
 February and March *Care of the Feet*

As well as the above, folios of display material are being built up to be used by Divisions for local displays when required.

(1) Available continuously:

- (a) Immunisation
- (b) Personal cleanliness
- (c) Home accidents to children

(2) Available for special periods only:

- (a) Bonfire Night—September to early November
- (b) Christmas Display—October to December

Special Folios:

- (a) Venereal Disease
- (b) Smoking—folios for special groups
 - (i) Schools and school children
 - (ii) Youth Clubs
- (c) Care of the Elderly
- (d) Expectant Mothers

(iv) EXHIBITIONS:

Requests from Divisions are received for small exhibitions to cover specific subjects or for special activities, conferences, galas and show days and particularly so on Home Safety. For these purposes, portable stands have proved popular and the following are some which have been made in the unit.

March	Departmental Study Day on Cancer	Display on Cancer Education.
April	Skipton Division	Conference Day for Hospital and Voluntary Organisations. Display—Cancer Education: Care of Aged
June	Wombwell Division	Mental Health Week 'Putting Mental Health into Perspective'. This was to help familiarise the public with workers within the mental health field.
June, July and September	Skipton Division	Swimming Pools. Home Safety stand to encourage swimming and the necessity to learn the water safety rules. This was supported by a triptych pegboard display in the tea room.
June and July	Shipley Division	Display stand on water safety.
July, August, September	Doncaster, Brighouse, Keighley, Batley Divisions	Display stand on prevention of burns stressing the use of flame resistant materials etc.
July, August and September	Brighouse, Doncaster, Keighley, Batley Divisions	Stands on Home Safety with reference to the care of medicines and poisons.

July	Keighley and Shipley Area	Request by the hospital: stand covering the work of the Local Authority Health Staff. It was displayed at careers convention which was held in schools in the Keighley/Shipley area.
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In addition to this, special display material was produced to cover mental health week activity on 5th—11th June, 1966 and 4th—10th June, 1967.

The old large home safety exhibition has been used on four occasions in three divisions this year. Work has continued on the design of the new home safety exhibition with the commercial firm making it. The Public Health Sub-Committee gave approval to this on 5th June, 1967.

Special attention is being given to the design of small permanent exhibitions. At present a small working party is designing an exhibition on the causation of mental disorder. This subject presents very many difficulties, and has not been tackled so far as is known, by a health education unit before. After this it is intended to consider the design of exhibitions on the dangers of smoking, and on preparation for retirement. Material is also being assembled which may be used for exhibitions covering the work of the Department as a whole.

(v) WORKING PARTIES ON SPECIAL SUBJECTS:

During 1967 three working parties have been considering special aspects of health education in the Department.

(a) *Mothers' Clubs:*

Mothers' clubs exist in several divisions. A group has been considering their activities and how far they can be assisted and extended. The group, under the chairmanship of Miss Atkinson, County Nursing Officer, consists of Misses Law, Stevenson and Topley, Divisional Nursing Officers.

(b) *Environmental Hygiene:*

Local Health Authorities and District Councils have a joint responsibility for health education. Certain health problems are interwoven, e.g. health education on the prevention of chronic bronchitis and related heart disease, if it is to be complete, must consider cigarette smoking as well as the effects of atmospheric pollution and industrial conditions; similarly food hygiene must be considered in association with food and drugs administration and nutrition.

The working party is therefore exploring matters of joint concern and considering ways and means of encouraging more health education to be undertaken. The terms of reference of the working party are:

- (i) To examine the field of environmental hygiene and to report on how the health education of the community in these matters may be further facilitated.
- (ii) To suggest how far the County Health Department may further co-operate with the staff of County Districts in pursuing health education activities, with particular regard to the use of films, equipment, exhibitions and the arranging of local courses of in-service training.

The group, under the chairmanship of the Deputy County Medical Officer consists of:

Divisional Medical Officers—Drs. Burn, Cusiter, Douglas	
Senior Medical Officer for School Health—Dr. Smith	
Chief County Public Health Inspector—Mr. Greenwood	
Chief Public Health Inspectors—Doncaster R.D.	— Mr. Durant
	Pontefract M.B. — Mr. Wilson
	Darton U.D. — Mr. Fieldhouse
Health Education Officer — Miss Tattersall	

(c) *Mental Health Week, 1968:*

In organising programmes for mental health weeks in 1966 and 1967 the department in common with all counties and county boroughs faced the difficulty of the lateness of specific information being circulated nationally, and indeed with national changes of plan. The major proportion of activities have been organised in the County, locally between the divisional medical officers and the local hospitals. However, a small group of mental health and health education staff are working on proposals for 1968, both to assist divisions and to provide a background for their activities.

The reports of these groups will be made available to the Committee as they are completed.

The Work of the Health Education Unit:

(i) **ACTIVITIES OF THE HEALTH EDUCATION OFFICER:**

Stimulation of health education and dissemination of knowledge by giving talks to:

(a) Divisional Nursing Officer's Conferences

(b) Divisional staff e.g. Health Visitors and Midwives

Planning of health education programmes.

Design of displays and exhibitions, posters etc.

Assessing and producing visual aids and other materials.

Previewing films and filmstrips.

Detailed planning of study days and courses.

Advisory help to individuals engaged in health education.

Active participation in divisional health education programmes including giving of talks etc. to voluntary associations.

Supervision and instructing of technician.

(ii) **ACTIVITIES OF TECHNICIAN**

Repair and maintenance of equipment. This includes that held centrally and divisionally.

Making of new displays and executing ideas.

Training professional staff in the use of projectors and other equipment.

Camera work in connection with making transparencies, films and filmstrips including editing and cutting, etc.

Making display stands and/or prototypes.

Projection work at special functions, e.g. study days or large meetings at divisional level.

(iii) **EQUIPMENT OF THE UNIT:**

The Department now holds the following items of equipment:

14	16mm. sound film projectors
30	16mm. sound films
5	16mm. silent films
37	35mm. filmstrip projectors and screens
195	35mm. filmstrips
2	Record players
2	Tape recorders
3	8mm. single concept projectors
1	16mm. cine camera and accessories
1	35mm. camera and accessories
1	Permanent exhibition on Home and Farm Safety

It must be emphasised that all the above equipment is not reserved exclusively for health education purposes but is available for loan to other services of the Department e.g. psychiatric social clubs, nurses' in-service training courses, etc.

(iv) THE WORK OF THE DIVISIONS:

A survey of the health education activities has been carried out in 14 Divisions for the first half of 1967. In addition to the display of appropriate posters and other visual aids in all clinics it was found that 337 members of the Divisional Medical, Midwifery and Health Visiting staff had been engaged in health education work and the following is a summary of the activities.

Subject	Estimated Audience			
	Clinics	Schools	*Other	Total
Mothercraft (Feeding, Clothing, Bathing Baby etc.)	2,637	2,700	188	5,525
Ante and Postnatal Care, Childbirth ...	4,455	1,266	377	6,098
Personal and Dental Hygiene and Hygiene in the Home	635	8,509	331	9,475
Child Development	522	917	386	1,825
Sex Education and V.D.... ..	84	1,642	398	2,124
Accident Prevention (Poisons, Medicines, Burns, Scalds, Fires, Falls, Gas and Electric Appliances etc., and First Aid)	920	2,603	1,924	5,447
Smoking and Health	30	1,350	1,070	2,450
Vaccination and Immunisation	332	356	—	688
Infections, Minor Ailments and General Health	255	1,635	326	2,216
Cervical Cytology and Breast Cancer ...	508	—	456	964
Family Planning	45	—	190	235
L.H.A. Services and Social Services ...	256	2,559	1,068	3,883
Care of the Aged... ..	—	144	460	604
Totals	10,679	23,681	7,174	41,534

* Includes Mothers' Clubs, Women's Institutes, Guides, Scouts, Youth Clubs, St. John Cadets, Darby and Joan Clubs, etc.

It will be apparent from the above summary that for the whole of the Administrative County for a full year an audience in the region of 110,000 is being reached.

(v) DENTAL HEALTH EDUCATION:

Dental health education throughout the West Riding is performed by all categories of dental staff under the direction of the area dental officer in charge of dental health education.

Major campaigns are organised in which a team consisting of dental officers, dental auxiliaries and dental attendants attend schools and give talks and show exhibitions to the staff and pupils—for example, during 1966 three major campaigns were held, each of approximately three weeks duration, at Batley and Heckmondwike, Todmorden and Sowerby Bridge, and at Normanton, during which time more than 18,000 children were addressed.

In addition to the above, a dental health exhibition was set up for one week at the Cleckheaton Health Centre in the general waiting room, and talks were given to children and adults as they arrived to attend the various clinics in the centre.

Supplementing the major efforts of the type described above, routine low-intensity dental health education is maintained by dental auxiliaries, in addition to the individual instruction on the care of the teeth given by dental officers in cases where this is particularly necessary.

In all, 474 sessions were devoted by staff to dental health education during 1966.

Conclusion:

From the above it will be seen that we are engaged in a forward-looking programme of health education which is already reaching a considerable number of the public.

HEALTH EDUCATION

Health Education Advisory Panel—Major Items of Agenda from July, 1966 to October, 1967

Courses and Study Days on Health Education.

- (a) Grantley Hall Courses.
14th—17th November, 1966, 23rd—26th October, 1967,
13th—16th November, 1967.
- (b) Study day on Cancer Education.

Production of Films and Filmstrips.

- (a) Dental Health Education.
- (b) Home Safety.
- (c) Other.

Policy and design of permanent exhibitions.

- (a) Policy re transport and erection.
- (b) Subjects.

Mental Health Weeks, 1967 and 1968.

Training of staff in the use of projectors.

Health Education and Environmental Hygiene.

Activities of Mothers' Clubs.

Appointment of Health Education Officer.

- In-service Training:
- (a) Report on September course.
 - (b) Programme for November course.
 - (c) Suggestions for In-Service Training, 1967—1968.

- Films and Filmstrips:
- (a) Report on Dental Service.
 - (b) Suggestions for filmstrips on Home Safety.

Subject of the month, 1967—Suggestions for discussion.

Pharmaceutical Society exhibition on drugs and drug safety.

Home Safety Jubilee, 1967.

Grantley Hall Course: 14th—17th November, 1966.

Cervical Cytology: Ministry of Health Circular 18/66.

Royal College of Midwives Report: 'Preparation for Parenthood'.

Organisation of Other Health Education Units.

Permanent Exhibitions.

Postal Franking Machines.

Smoking and Health: Ministry of Health Circular 19/66.

Health Education in Schools.

Cervical Cytology: Ministry of Health Circular 18/66: Review of current publicity material.

Health Education in Schools:

- (a) Department of Education and Science Pamphlet No. 49.
- (b) Report of Hampshire C.C. Working Party on Sex Education.

Attendances at Infant Welfare Clinics: Survey by Mrs. A. Brooks, Divisional Nursing Officer.

Medicines with Care Exhibition.

Report on Health Education Progress.

Committee Report on Health Education.

Smoking and Health: Ministry of Health Circular L.H.A.L. 8/67.

Preventive Cardiology: Anti-smoking and Anti-coronary Clubs.

Drug addiction: Ministry of Health Circular Letter C.M.O. 11/67.

Malnutrition in the 1960s?: Office of Health Economics Booklet.

Mental Health Week, 1968.

Kerb-side First Aid.

HEALTH EDUCATION

In-Service Training Courses—Content

<i>Date and Venue</i>	<i>Subject</i>	<i>Speakers</i>
26-2-65 County Ambulance Headquarters, Birkenshaw	Health Education	Dr. S. P. W. Chave, Lecturer in Public Health, London School of Hygiene and Tropical Medicine. 'The Principles of Health Education' Dr. W. D. Dolton, then Deputy Medical Officer of Health, City of Bradford. 'Practical Problems of Health Education'
30-9-65— 1-10-65 W.R.C.C. Clinic, Outwood	General Health Education	Miss M. G. Edwards, then Health Education Officer. 'Principles and Practice of Teaching' Divisional Nursing Officers. 'Practical Application of Health Education'
24/25-3-66 W.R.C.C. Clinic, Scawthorpe	Progress and Communication in Health Education	Dr. S. Caruana, Deputy Medical Director, C.C.H.E. 'Recent Advances in Health Education' Divisional Nursing Officers. 'Teaching Techniques'
5/8-9-66 Grantley Hall Adult College, Ripon	Principles and Practice of Teaching and the Correct use of Visual Aids	Dr. H. C. Strick, Warden, Grantley Hall Adult College. 'Use of Visual Aids and Films' Mr. D. Gains, Deputy Warden, Grantley Hall Adult College. 'Teaching Techniques'
14/17-11-66 Grantley Hall Adult College, Ripon	Health Education and Mental Health in Old Age	Dr. R. W. Elliott. 'Preparation for Age and Retirement' Dr. H. Droller, Hon. Lecturer, Department of Medicine, University of Leeds. 'Increasing Family Tolerance of the Aged' Mr. E. D. Butterworth, Research Fellow in Sociology, University of York. 'The Social Problem of the Aged' Dr. R. McDonald, Medical Director, High Royds Hospital, Menston. 'Mental Illness in the Aged' Dr. H. W. S. Francis, Deputy County Medical Officer. 'Changing Community Attitudes'

<i>Date and Venue</i>	<i>Subject</i>	<i>Speakers</i>
		Mr. R. J. McGuire, Senior Lecturer in Psychology, Department of Psychiatry, University of Leeds. 'Learning in the Elderly'
		Mr. D. Gains, Deputy Warden, Grantley Hall. 'Looking at Films'
17-3-67 W.R.C.C. Clinic, Skipton	Cancer Education	Dr. Michael D. Warren, Reader in Public Health, London School of Hygiene and Tropical Medicine. 'The Incidence, Prevalence and Changing Pattern of the Cancers'
		Mr. John Wakefield, Head of Department of Social Research in Malignant Diseases, Christie Hospital and Holt Radium Institute, Manchester. 'Health Education as an aid to early diagnosis of Cancer'
27-6-67 W.R.C.C. Clinic, Selby	Safety—Man in his Environment	Dr. T. D. Spencer, Assistant Chief Medical Officer, National Coal Board, Yorkshire. 'Man at Work'
		Mr. W. G. Lewis, Chairman, Leeds Home and Child Safety Committee. 'Domestic Residential Safety Design'
		Dr. C. C. Harvey, Consultant Pædiatrician, Sheffield Regional Hospital Board and West Riding County Council. 'Children at Risk'
		Dr. D. B. Marshall, Consultant Physician in Geriatric Medicine, Bingley, Keighley, Skipton and Settle Hospital Management Committee. 'Hazards in Declining Years'
23/26-10-67 Grantley Hall Adult College, Ripon	Principles and Practice of Teaching and the Correct Use of Visual Aids	Dr. H. C. Strick, Warden, Grantley Hall Adult College, Ripon. 'The Use of Visual Aids'
		Mr. D. Gains, Deputy Warden, Grantley Hall Adult College, Ripon. 'Teaching Techniques'
13/16-11-67 Grantley Hall Adult College, Ripon	Health Hazards in the Middle Aged	Dr. K. Schwarz, Senior Lecturer in Preventive Medicine and Public Health, The University of Leeds. 'Health Hazards in Middle Aged Man'
		Dr. E. M. Hargreaves, Senior Medical Officer (Geriatrics), City of Leeds. 'Health Hazards in the Middle Aged Woman'

<i>Date and Venue</i>	<i>Subject</i>	<i>Speakers</i>
13/16-11-67 Grantley Hall Adult College, Ripon	Health Hazards in the Middle Aged	Mr. J. Haggett, Lecturer in Social Services, Leeds Technical College. 'The Oppor- tunities of Middle Age' Dr. D. B. McAdam, General Practitioner, Leeds. 'Crises in Middle Age' Dr. J. D. Orme, Consultant Psychiatrist, Sheffield Regional Hospital Board and West Riding County Council. 'Marital Problems in Middle Age'

HEALTH CENTRES—MINISTRY OF HEALTH CIRCULARS

7/67 and E.C.L. 30/67

Report of County Medical Officer presented to and approved at the June meeting of the Care of Mothers and Young Children and Nursing Services Sub-Committee

Circular 7/67 was issued to local health authorities by the Ministry of Health on the 21st April, 1967, and its purpose is to give further guidance on the provision of health centres because of the considerable upsurge of interest revealed in the revised development plans of local health authorities.

Broadly speaking, the Circular is in complete agreement with the policy which has been pursued by the County Council since 1964 in the provision of premises for and the attachment of staff to general practitioners. Although provision may be made in health centres for dental practitioners, pharmacists and hospital services if requested, the main emphasis continues to be on the provision of accommodation for general practitioners and this is the line currently being followed jointly by the County Council and the West Riding Executive Council.

It will be of interest to the Committee that the Minister, although accepting that it may sometimes be necessary to provide purpose-built clinics for local health authority services, would hesitate to approve any scheme to provide in areas of small population purpose-built premises which are not also intended to provide accommodation for general medical or general dental practitioners. This would not, of course, affect the County Council's mini clinic programme as, apart from the fact that these clinics are built out of revenue, many of them are, in any case, used by general practitioners for branch surgery purposes.

There are two items in the Circular to which it is necessary to direct the particular attention of the Committee—the payment of rent for accommodation provided for general practitioners in health centres and the matter of adaptations to existing clinic premises to provide surgery accommodation.

Rental Policy:

In January, 1965, the County Council approved a standard rental policy in respect of any of their clinic premises used by general practitioners for surgery purposes on a 'shared' basis. The main reasons for adopting a standard rent were threefold:—

1. It was necessary, when planning a new clinic, that general practitioners should know what rent they would have to pay in order to obtain their firm commitment that they would use the accommodation.
2. It was felt that there should be no discrimination amongst general practitioners in the matter of rent from one area to another because of the variation in building costs with different types of clinic.
3. It was simpler administratively, and saved a considerable amount of staff time, to operate a standard rental than to calculate individual rents which would require the maintenance of records for each clinic of the running and maintenance costs.

The standard rent adopted by the County Council was £15 0s. 0d. per year for each hour's weekly use of one consulting room, the time for which rental was paid being according to the published surgery times of the particular general

practitioner. In addition to the consulting room or rooms, the general practitioner has the use of the waiting room, reception and records room (if provided), toilets, and other clinic facilities.

In arriving at the standard rental of £15 0s. 0d., the Committee were guided by information furnished by the County Land Agent. At the time, no mini clinics nor 'E' type clinics, which were to figure largely in the future building programme, had been erected and the County Land Agent based his calculations on assumed maximum capital costs, maintenance and annual running costs. As the clinics were being provided for local health authority services, the County Land Agent also assumed that the premises were available for this purpose for thirty-eight hours per week and made his calculations accordingly.

The standard rental is due to be revised towards the end of 1967 on the instructions of the Committee in the light of current running and maintenance costs. The first 'E' type clinic will not have been in operation for a full year, but there will be sufficient evidence available of mini clinic costings to enable a review to be undertaken and the indications are that it may not be necessary to increase the standard rent.

The present annual income from general practitioners using clinic premises is approximately £6,550.

Since the standard rent was approved, the Ministry have introduced arrangements for the reimbursement to general practitioners of amounts expended by them in respect of the rent and rates of surgery premises, subject to certain conditions, but such reimbursement does not include the cost of services. At the request of the Executive Council, the County Land Agent advised that the £15 0s. 0d. standard rent could be divided as to £9 15s. 0d. in respect of rent and rates and £5 5s. 0d. as representing services, and these allocations now appear in new rental agreements between the County Council and the general practitioners concerned.

The Committee will appreciate that, when the standard rent was introduced, it applied to clinics only as there were no health centres in existence other than that at Cleckheaton which was subject to a special tenancy agreement with the Executive Council.

In Circular E.C.L. 30/67 from the Ministry to Executive Councils, which accompanied Circular 7/67, a complicated procedure for the calculation of rents for doctors occupying health centres is suggested to assist District Valuers in advising Executive Councils. It is thought, however, that this is more appropriate to health centres where exclusive accommodation is provided for the general practitioners than to health centres where the accommodation is shared, such as those provided by the County Council.

As many of the health centres planned by the County Council are identical with clinics (e.g. the 'E' type) and for the reasons already outlined, it is of considerable advantage to the County Council to have a standard rental, particularly as the number of general practitioners using health centres will increase considerably as the building programme develops. As the District Valuers have been prepared to accept the standard rent for clinics, there is no reason to suppose they would change their procedure simply because of a change in nomenclature to health centres. Discussions have also taken place with the Clerk of the West Riding Executive Council, who is to seek the approval of his Council and the Ministry to the acceptance of a standard rent.

The Committee are, therefore, asked to agree to the principle of the standard rent being applied to health centres and, in the case of those health centres in

the course of erection which become occupied before the review of the standard rent is completed, to the present charge of £15 0s. 0d. being made, subject to any adjustment necessary in the light of the review.

Adaptations to existing clinics:

In Circular 7/67, the Minister accepts that a local health authority may rent accommodation in an existing clinic to general practitioners, such as is already being done by the County Council, but the Circular goes on to say—

“ He (the Minister) is advised, however, that if, in order to meet the doctors' and/or dentists' requirements, it became necessary to incur expenditure on the extension or structural alteration of an existing building, the authority could act only in exercise of its powers under Section 21 of the Act to provide a health centre. This would necessitate the submission of a scheme for the Minister's approval, the circulation of formal proposals under Section 20, and the execution of an agreement with the Executive Council in accordance with Section 46.”

As the Committee are aware, some eight schemes of alterations or extensions to clinic premises have been made, not only to provide accommodation for general practitioners but to meet the needs of expanding local health authority services, no accommodation being provided for the exclusive use of general practitioners. Six projects of adaptation or extension are at present in hand, having been approved by the Committee, and the Department is aware of further projects of this nature as a result of general practitioner interest which will need to be submitted to the Committee. In all these cases, where the expenditure has not been in excess of £10,000, the projects have been financed out of revenue and have not required Ministry approval.

If the statement in the Ministry's Circular is taken at its face value, any structural alteration, no matter how small, made to a clinic in connection with accommodating general practitioners would require the lengthy and laborious procedure of Sections 20 and 21 of the National Health Service Act, including negotiations with the Executive Council. One structural alteration made to a clinic which was to be used by general practitioners involved nothing more than making an opening in an existing wall at very small cost; in another instance, internal adaptations cost less than £900; and, in yet another instance, namely Kirkburton, adaptations were done to improve the existing unsatisfactory clinic facilities and to provide accommodation for general practitioners on the 'shared user' principle at a cost of only some £5,500. It is difficult to believe that it is the Minister's intention that schemes of this nature should be dealt with under Section 21 and be subject to his approval. It may be that the Minister has in mind the extension or adaptation of existing clinics to provide exclusive accommodation for general practitioners, whereas, in all the projects previously undertaken and in those which will be undertaken in the future, the whole of the premises are available for the conduct of the local health authority services.

In some instances, e.g. Stocksbridge and Goole, the extensions will be considerable and because of the financial cost these projects are being dealt with as health centres and will require Ministry approval.

The Committee are urged, therefore, to continue their present policy of financing the adaptation or extension of clinic premises to accommodate general practitioners out of revenue and without reference to the Ministry or to health centre procedure, subject to the cost of any individual project not exceeding £10,000.

DOMESTIC HELP SERVICE

Report of County Medical Officer presented to and approved at the July meeting of the Care of Mothers and Young Children and Nursing Services Sub-Committee

At their meeting in June, 1966, the Committee considered a report on a review of the Domestic Help Service and, amongst other things, approved in principle the provision of an improved service to the elderly to give a more generous allocation of hours per case and the employment of domestic help organisers.

Establishment of Domestic Helps:

To meet the Committee's wishes to provide an improved service, it had been intended to seek approval to an increase in the establishment of equivalent whole-time domestic helps from the 1st April, 1967, but, in order to comply with the national policy to limit the growth in expenditure, the Health Committee—in considering the Budget for 1967/68—delayed any increase in expenditure on the Domestic Help Service until later in the financial year.

The Committee are, therefore, now asked to approve an increase in the establishment of equivalent whole-time domestic helps from 1,335 to 1,385 with effect from 1st January, 1968, at an estimated cost of £8,000 for the current financial year and £30,000 in a full year.

Domestic Help Organisers:

The Committee approved in principle the appointment of domestic help organisers because of the need to relieve health visitors of the work of supervising the service. Over a period when the Domestic Help Service had increased four-fold, the number of qualified health visitors had remained almost stationary. At the end of 1966, 2,990 part-time or whole-time domestic helps were being employed and 2,501,460 hours of service were given during the year.

In the interests of the efficient control and administration of what is now a major service, it is recommended that there should be an establishment of 18 whole-time domestic help organisers, which would provide for one organiser in each Division except that there would be joint appointments for the Batley (No. 15) and Spenborough (No. 17), the Castleford (No. 11) and Pontefract (No. 12), and the Goole (No. 10) and Thorne (No. 29) Divisions.

It is proposed that the organiser would be responsible directly to the Divisional Medical Officer for the recruitment and in-service training of domestic helps, assessment of need, allocation of domestic helps and general organisation of the Service. There is no agreed national scale of salary for organisers but the work is appropriate to the scale £1,060 to £1,435 for qualified social workers, and it is intended to seek to appoint organisers with this qualification or, as an alternative, the Certificate of the Institute of Home Help Organisers. This scale also appears to be that adopted by many other authorities.

It is not anticipated that many appointments could be made before the 1st January, 1968, and the estimated cost for 1967/68 would be about £4,000. The salaries payable to 18 organisers for a full year would be £19,080 on the minimum of the scale and £25,830 at maximum.

It will be appreciated that one organiser in each Division could not possibly assume responsibility for all aspects of the administration of the service within the Division, including the routine visiting of patients receiving help, and that the appointment of assistant organisers will have to be considered at a later stage once the organisers have become established. In the meantime, the health visiting staff will continue to undertake some of the routine work.

Summary of Recommendations:

1. That the establishment of equivalent whole-time domestic helps be increased from 1,335 to 1,385 with effect from the 1st January, 1968.
2. That 18 divisional domestic help organisers be appointed on the approved scale of salary for social workers of £1,060 to £1,435 per annum.
3. That consideration be given at a later stage to the appointment of assistant domestic help organisers.

TRAINING OF PUPIL PUBLIC HEALTH INSPECTORS

Report of County Medical Officer presented to and approved at the July meeting of the Health Committee

The Establishment Sub-Committee, at its meeting on 23rd April, 1965, recommended that the possibility of the Authority training pupil public health inspectors should be explored. Details of a scheme for the recruitment and training of pupils have been prepared and are submitted for the Committee's consideration.

The University of Aston in Birmingham operate a sandwich-type course leading to a B.Sc. Honours Degree in Environmental Hygiene: this course being accepted by the Public Health Inspectors Education Board for the award of their Final Diploma without further examination.

Recruitment:

The University requires applicants for admission to the course to be at least 18 years of age and hold the following qualifications:

The General Certificate of Education, or its equivalent in 5 subjects, including English Language, Mathematics and a Science subject at Ordinary Level with passes at Advanced Level in at least 2 subjects, 1 of which must be Mathematics or a Science subject.

Training:

The course is of four years duration, each year comprising of alternating periods of University attendance and approved practical training with the parent public health department.

Theoretical training will be undertaken by the University and the practical training will be organised by the Chief County Public Health Inspector in accordance with the recommendations of the Education Board. Instruction will be given not only by this Department but also other Departments of the County Council and the Health Departments of West Riding County District Councils.

Salary and Conditions of Service:

1. Pupils will be in full-time employment of the County Council. The Council may terminate the service of a pupil before the end of training should he, in its opinion, prove for any reason to be unsatisfactory or to be incapable of profiting by the instruction given him.

2. Salary will be in accordance with the Administrative and Professional Trainee Grade (salary range £365—£1,060) at a point relative to the age of the pupil.

3. Leave of absence, without pay, for the periods of University training will be granted and a loan equivalent to the pupil's full salary at the commencement of training will be paid. In accordance with the policy approved by the County Council, a formal agreement will be required for the pupil to undertake all necessary training and to serve the County Council or a West Riding County District for a period of two years after qualification, subject to vacancies existing, the loan to be cancelled when such agreement is fulfilled.
4. University fees, examination fees and travelling expenses incurred in connection with the University training will be paid by the County Council.
5. Travelling and subsistence allowances will be paid in accordance with the County Council's scale during periods of practical training.
6. Annual holidays, hours of work, payment of salary during sickness etc., and other terms and conditions of service, will be in accordance with the County Council's approved regulations.

Recommendation:

The establishment of the health department to be varied to permit, initially, the appointment of two pupil public health inspectors. That arrangements be made with the University of Aston in Birmingham for pupils to commence the course of training in October, 1967. The estimated cost of implementing the scheme, including payment of the students' University fees, salaries, superannuation, travelling and subsistence allowances is £1,200 per annum.

FOOD AND DRUGS ACT, 1955

Report of County Analyst

During the year, 2,529 samples were submitted by your Inspectors under the Food and Drugs Act, 1955, as set out below:—

	<i>Total Samples</i>	<i>Adulterated or Below Standard</i>	<i>Percentage Adulterated or Below Standard</i>
Milk	1,001	22	2·2
Milk, 'Appeal to Cow' ...	9	—	—
Milk, Channel Islands ...	180	2	1·1
Milk and Foreign Matter ...	2	2	100·0
Food and Drugs	1,337	44	3·3
All samples	2,529	70	2·8

NOTES ON ADULTERATED OR OTHERWISE IRREGULAR SAMPLES

As indicated in the above summary, 2·8 per cent. of all samples were irregular or adulterated. This proportion shows an improvement on recent years.

Milk. Out of 1,001 samples, 15 were deficient in fat in amounts varying from 1·0 to 29·3 per cent.; 7 were adulterated by added water, the most serious case containing 6·2 per cent.

Channel Islands Milk is required to contain not less than 4 per cent. of fat. 180 samples were analysed, only 2 were below standard with 3·71 and 3·80 per cent. respectively.

Meat Products. The vexed question of standards for the meat content of sausages, sausage rolls, meat pies, cornish pasties etc. is now nearer settlement. For many years Public Analysts have upheld standards, many of which are now included in Regulations.

The Meat Pie and Sausage Roll Regulations, 1967, come into operation on 31st May, 1968.

The Sausage and Other Meat Products Regulations, 1967, come into operation on 31st May, 1969.

Beef Sausages. The above Regulations will require a minimum of 50 per cent. meat. During 1967 we received 58 samples which were all satisfactory. They contained between 51·0 and 86·7 per cent. of meat, the average being 63·7 per cent.

Pork Sausages. The Regulations will require a minimum of 65 per cent. meat. We received 59 samples of which 3 were low in meat (they contained 58·0, 62·6 and 63·0 per cent. respectively). The percentage meat contents ranged from 58·0 to 100, the average being 70·6.

Preservatives. All relevant samples were tested. A soft drink contained an excess of sulphur dioxide, and one sample of steaklets contained sulphur dioxide without proper declaration.

Prohibited Artificial Sweetener. We came across an anomaly which has since been clarified. At the time of sampling, soft drinks were permitted to contain cyclamates, but solid foods, including soft drink powders were not allowed to contain this sweetening agent. Having found cyclamates in two of these powders, we reluctantly declared them as unsatisfactory. The Regulations have now been amended to permit the inclusion in food beside soft drinks.

Prohibited Food Colouring. There were 5 instances of contravention of The Colouring Matter in Food Regulations, 1966.

There were green stains on vegetable shortening; these had come from ball-point writing on the carton, the ink having penetrated to the fat. The green dye was of a type prohibited in food.

Other prohibited colours were found in 'Rainbow Crystals', sweets, soft drink and tinned garden peas.

Glucose with Vitamin D. One sample was deficient in calcium glycerophosphate.

Corned Beef. The tinplate was discoloured and corroded, and the flavour of the meat was impaired by absorbed iron.

Tinned Fruit. A tin of plums was 'blown' owing to gas produced by acid on the tinplate. The contents were unpalatable because of the excess iron and tin in solution. A tin of cherries was also substandard on account of corrosion of the tinplate.

Soft Drink. The purchaser of a bottle of 'lemonade' was disappointed to find that it had no flavour whatever; by some failure of the syrup dispensing machine, this bottle contained simply carbonated water.

Shredded Beef Suet. This contained an excess of starch and a corresponding deficiency in beef fat.

Fruit Pie. One sample was mouldy and unfit for human consumption.

IRREGULAR LABELS

The Labelling of Food Order, 1953, does not require sweets to carry a declaration of ingredients, and yet 2 samples of liquorice allsorts bore a label giving ingredients including 'U.S. Certified Colors.' We found that the 'colors' were not on the list of colours allowed in U.S.; probably the sweets were export rejects on this account. The colours were allowed in this country by The Colouring Matter in Food Regulations, 1966.

INCORRECT ORDER OF INGREDIENTS ON LIST

3 samples of mixed pickles and 2 of lemon spread were irregular in this respect.

Cough Medicine failed to comply with the Pharmacy and Medicines Act, 1941, in that the quantities or percentages of ingredients were not declared.

Fruit Juice with Vitamin C. 2 samples were irregular; neither sample had the correct form of declaration, and in one there was a deficiency in Vitamin C.

Aspirin B.P. 5 Gr. The dosage must be stated in metric units viz. 300 mg.

Lactic Cheese. The Cheese Regulations, 1965, require a notice 'full fat soft cheese' but this was absent.

Candied Peel. List of ingredients omitted to mention artificial colour.

Soft Drink Powder. 2 samples had incomplete list of ingredients.

FOREIGN BODIES IN FOOD

11 samples were submitted for identification of extraneous matter.

In 3 samples of mixed pickles there were fragments of rust, vitreous enamel, a splinter of wood, a hair, grit, and a fly.

There was a sediment of vegetable debris and mould in a milk bottle. In another bottle of milk there was a trace of paraffin.

In a tin of tomatoes we found a moth.

There was a piece of cotton cloth in a loaf of bread, strips of cardboard in a block of margarine, and a piece of metal in the form of a curly cutting of steel in a fruit pie.

There was a sharp sliver of aluminium in a cornish pasty, and splashes of solder were discovered in a piece of tinned meat.

The most revolting find was half a mouse in a teacake; where was the other half ?

KEIGHLEY EXCEPTED DISTRICT

This report is compiled in accordance with the arrangements made by the County Council of the West Riding of Yorkshire as to the School Health Service in the Borough of Keighley and details the work carried out during the year under review.

The selective scheme of medical examination was continued and was in operation for the first time for school leavers for the whole of the year under review. It would seem that the utility of this method is confirmed by the fact that only 5 of the 780 pupils who were interviewed were considered to require a medical examination. Apart from the saving of medical staff time in these days of shortage of doctors there is also the important reflection that the selective scheme of medical examination in the intermediate age group is bearing fruit. The implication being that all pupils who have a severe handicap which may affect their ability to learn or their ability to work in ordinary occupations after leaving school are discovered soon enough for the teachers and later the area careers officer to have full knowledge of their difficulties.

The consulting clinics which are held twice weekly in the school clinic for all kinds of handicaps referred either from the schools or from child welfare centres continue to be very busy and occupy the time of the departmental medical officers in a very useful fashion.

It will be noticed that the work of the child guidance clinic has increased during the year. Our team fortunately remains complete, which is a constant source of satisfaction. The increase in work is in accordance with our expectations. It will be noted that it is believed that a day remedial centre in the town would be of great advantage to pupils who are experiencing difficulty in acquiring knowledge in the ordinary school. Although the number of 110 may not seem very large in relation to the whole it is still an appreciable proportion of the total school population and takes no account of many borderline children who would, if such a centre were provided, take advantage of the facilities provided. It is known that once one provides a centre of this kind those requiring it are found to increase in number very rapidly.

The health education section shows that we are continuing to extend our organised health education activities throughout the schools in the town. This association between health visitor/school nurse and teacher is, we feel sure, following the correct lines. There is a difficult line of demarcation in many instances between the functions of the two but only by constant association and discussion can these lines be firmly and fairly drawn.

The Medical Inspection of School Children:

The number of pupils on the registers at the end of the year is shown below together with the figures for the previous year:—

	1967	1966
Nursery	40	40
Primary	5,252	5,152
Middle Schools	1,938	2,557
(including Secondary Technical)		
Voluntary Secondary	477	—
Upper Schools	1,394	1,174
Special Schools	100	94

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

A. Periodic Medical Inspections

Age groups inspected (by year of birth), number of pupils who received a full medical examination together with classification of the physical condition of the pupils inspected, the number of pupils found not to warrant a medical examination in connection with the selective medical examinations and the number of pupils found to require treatment (excluding dental diseases and infestation with vermin).

Age groups Inspected (By year of Birth)	Number of Pupils who have received a full medical examin- ation	Physical Condition of Pupils Inspected		Number of Pupils found not to warrant a medical examin- ation	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satis- factory No.	Unsatis- factory No.		For defective vision (excluding squint)	For any condition recorded in Table III	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1963 and later	88	88	—	—	—	32	32
1962	644	644	—	—	—	195	195
1961	204	204	—	—	1	64	65
1960	3	3	—	—	—	—	—
1959	275	275	—	353	9	91	96
1958	135	135	—	121	5	56	59
1957	—	—	—	—	—	—	—
1956	—	—	—	—	—	—	—
1955	—	—	—	—	—	—	—
1954	—	—	—	—	—	—	—
1953	1	1	—	178	—	—	—
1952 and earlier	4	4	—	397	—	3	3
TOTAL	1354	1354	—	1049	15	441	450

Column (3) total as a percentage of Column (2) total ... 100·00

Column (4) total as a percentage of Column (2) total ... 0·00

SELECTIVE SCHEME:

The selective scheme of medical examination of pupils in the intermediate age group has been continued as described in previous reports. During the year 884 questionnaires were distributed of which 856 were returned and 474 of these pupils were invited to attend for a medical examination. Details of the defects are set out below.

Defects Found

Defect Code No.	Defect or Disease	T	O
4	Skin... ..	7	1
5	Eyes (a) Vision	14	5
	(b) Squint	11	—
	(c) Other	2	—
6	Ears (a) Hearing	31	2
	(b) Otitis Media	9	2
	(c) Other	7	1
7	Nose and Throat	20	3
8	Speech	7	5
9	Lymphatic Glands	—	—
10	Heart	1	2
11	Lungs	8	6
12	Developmental (a) Hernia	—	—
	(b) Other	1	—
13	Orthopædic (a) Posture	1	—
	(b) Feet	2	—
	(c) Other	7	2
14	Nervous System (a) Epilepsy	—	—
	(b) Other	4	—
15	Psychological (a) Development	23	9
	(b) Stability	19	8
16	Abdomen	2	2
17	Other	32	4

T = Pupils found to require treatment
O = Pupils requiring observation only

A copy of the questionnaire will be found as Addendum I to this report.

School leaving examination of pupils during their last year of compulsory school attendance:

This was the first full year that the selective scheme of medical examination of pupils was extended by the school leaving examination being replaced by interview. Questionnaires were distributed to parents of school leavers for completion and return. These were scrutinised together with all the available medical records. At the interviews, which were held in the schools, pupils were selected for a full medical examination, to be carried out at the school clinic by appointment. A copy of the questionnaire will be found as Addendum II to this report.

580 pupils were interviewed under the new selective scheme of medical examination, 5 pupils were selected for medical examination of whom only 3 kept the appointments which had been made for them.

575 pupils seen at interview were found not to require a medical examination.

In addition two pupils who were invited last year for medical examination and did not keep their appointments were examined.

Screening Tests of Vision:

Routine tests of visual acuity were carried out by the assistant health visitors/school nurses in the age groups as follows: 6—7 years, 10—11 years, 12—13 years, 14—15 years. As previously, a test of colour vision was also carried out in the age group 12—13 years. The practice of pupils suffering from defects of vision being interviewed by the departmental medical officers has been discontinued. Pupils were referred direct to the ophthalmic clinic by the assistant health visitors/school nurses, subject to parental consent and unless the parents chose to arrange for an examination through their general practitioner.

<i>B. Other Inspections</i>			
Number of Special Inspections	...		1,629
Number of Re-Inspections	...		1,033
Total	...		<u>2,662</u>

Comparative Table of Inspections carried out from 1963—1967

<i>Year</i>	<i>Routine</i>	<i>Specials</i>	<i>Re-Inspections</i>
1967	1,354	1,629	1,033
1966	1,805	1,918	834
1965	2,038	3,053	1,185
1964	2,256	3,325	1,392
1963	1,544	3,469	1,846

TABLE II

INFESTATION WITH VERMIN

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	...	...	14,122
(ii)	Total number of individual pupils found to be infested	...		418
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...		—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...		—

CONSULTING SESSIONS:

Consulting sessions are held twice weekly at the school clinic by a departmental medical officer. Appointments are given to parents following school medical inspections to bring their children to the school clinic for fuller investigations and consultation if this is requested by the parents or advised by the departmental medical officer who has carried out the medical inspection in school. Pupils are also referred to these clinics by teachers, education welfare officers or are brought by the parents themselves for examination and consultation for a variety of health problems.

The poor school attender is referred frequently for the problem to be assessed and for decisions to be made regarding treatment, the need for special educational placement or for reassurance that a child is fit to attend school regularly.

Parents who are concerned about their child's general health, behaviour difficulties or disorders such as nocturnal enuresis frequently seek the advice of the departmental medical officer. If further investigations are considered to be necessary referral is made appropriately either to the family doctor, to a specialist, or to the child guidance clinic. Pupils attend the clinic for advice concerning ear, nose and throat conditions, chest, orthopædic and skin conditions.

This consulting service is also available to pre-school children. The health visitors/school nurses who are not satisfied with the progress of the children

attending the child welfare centres refer them to the departmental medical officer at the school clinic for a developmental diagnosis and advice. They refer too for an opinion for more specific conditions for example orthopaedic and visual defects of speech development.

Every opportunity is taken at these sessions to promote health education within a doctor-patient relationship.

TABLE III
DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR ENDED 31ST DECEMBER, 1967

NOTE.
All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special inspections are included in the following table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS								SPECIAL INSPECTIONS	
		ENTRANTS		LEAVERS		OTHERS		TOTAL			
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	9	3	—	—	7	1	16	4	213	15
5	Eyes— <i>a.</i> Vision ...	1	—	—	—	14	5	15	5	85	18
	<i>b.</i> Squint ...	43	2	—	—	11	—	54	2	40	5
	<i>c.</i> Other ...	5	—	—	—	2	—	7	—	26	7
6	Ears— <i>a.</i> Hearing ...	37	3	—	—	31	2	68	5	151	34
	<i>b.</i> Otitis Media	16	3	—	—	9	2	25	5	38	2
	<i>c.</i> Other ...	19	—	—	—	7	1	26	1	24	3
7	Nose and Throat ...	59	4	1	—	20	3	80	7	112	20
8	Speech	28	13	—	—	7	5	35	18	77	27
9	Lymphatic Glands ...	1	—	—	—	—	—	1	—	2	2
10	Heart... ..	1	5	—	—	1	2	2	7	13	36
11	Lungs	18	4	1	—	8	6	27	10	65	28
12	Developmental—										
	<i>a.</i> Hernia ...	—	1	—	—	—	—	—	1	4	1
	<i>b.</i> Other ...	1	4	—	—	1	—	2	4	8	6
13	Orthopædic—										
	<i>a.</i> Posture ...	—	—	—	—	1	—	1	—	3	—
	<i>b.</i> Feet ...	17	1	—	—	2	—	19	1	57	4
	<i>c.</i> Other ...	24	1	—	—	7	2	31	3	61	5
14	Nervous System—										
	<i>a.</i> Epilepsy ...	2	—	—	—	—	—	2	—	19	3
	<i>b.</i> Other ...	5	—	—	—	4	—	9	—	15	5
15	Psychological—										
	<i>a.</i> Development	4	9	—	—	23	9	27	18	253	19
	<i>b.</i> Stability ...	3	9	—	—	19	8	22	17	237	13
16	Abdomen	1	—	—	—	2	2	3	2	7	3
17	Other... ..	74	8	1	—	32	4	107	12	81	43

T = Pupils requiring treatment
O = Pupils requiring observation only

TABLE IV
TREATMENT OF PUPILS
Notes

The figures given under this heading include:—

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

A. Eye Diseases. Defective Vision and Squint:

	Number of cases known to have been dealt with	
	1967	1966
External and other, excluding errors of refraction and squint ...	48	48
Errors of refraction (including squint)	621	355
Total	669	403
Number of pupils for whom spectacles were prescribed	300	226

During the year 40 cases suffering from conditions of the eyes such as blepharitis and conjunctivitis were treated at the minor ailments clinic. 601 cases of defective vision and 20 cases of squint were examined by the consultant ophthalmologist.

Following examination it was found that in 163 cases the provision of spectacles were not thought to be necessary, in 45 cases existing spectacles were considered to be satisfactory and 19 cases were referred to the Bradford Eye and Ear Hospital.

For the whole of the year the consultant ophthalmologist attended 2 sessions per week in place of the previous 1. This is reflected in the increased number of cases examined and for whom spectacles were prescribed.

The number of repairs to and replacements of spectacles amounted to 211.

B. Diseases and Defects of Ear, Nose and Throat:

	Number of cases known to have been dealt with	
	1967	1966
Received operative treatment:		
(a) for diseases of the ear	—	—
(b) for adenoids and chronic tonsillitis	80	109
(c) for other nose and throat conditions	1	3
Received other forms of treatment	55	59
Total	136	171
Total number of pupils still on the register of schools at 31st December, 1967 known to have been provided with hearing aids:—		
(a) during the year 1967	2	
(b) in previous years	12	

Screening Tests of Hearing:

The audiometric survey of seven year old pupils was continued during the year, together with the examination of pupils in the 'at risk' categories.

Following the audiometric sweep test of pupils in school a weekly clinic is held where pupils who fail the test are seen by appointment for the purpose of obtaining an audiogram and medical history. A further weekly clinic is held when a departmental medical officer is available to conduct an aural examination and select cases for referral to the consultant otologist. The family doctors are informed in the usual way or cases are referred to them in the instances where this is desired. There is good communication between the family doctors, departmental medical officers and consultant otologist, and recently, family doctors have referred cases to the clinic for investigation.

Referral to the child guidance clinic is easily effected so that advice re educational requirements or emotional problems associated with hearing loss is readily available.

Twelve pupils in attendance at Keighley schools are suffering from a bilateral hearing loss of 30 decibels or more. Hearing aids have been prescribed for six of these pupils.

It is apparent that there is now a need for the services of a specialist teacher of the deaf to advise and assist teachers in the ordinary schools in the education of children suffering from defects of hearing.

Children Tested by Pure-Tone Audiometry

		No Number appreciable Tested hearing loss	Referral for investi- gation	Already attending Otologist	
'At risk ' categories					
(i) deafness in the family	...	9	5	4	—
(ii) prenatal causes:—					
maternal rubella	—	—	—	—
other conditions	—	—	—	—
(iii) perinatal causes <i>e.g.</i> toxæmia, anoxia, kernicterus, rhesus incompatability, prematur- ity, etc.		—	—	—	—
(iv) postnatal:—					
congenital defects	...	—	—	—	—
cerebral palsy	—	—	—	—
middle ear disease	...	21	7	10	4
meningitis or encephalitis		2	—	1	1
speech retardation or defect		9	4	5	—
educational retardation	...	37	36	1	—
Routine test on children in 6/7 year age group	587	557	29	1
Referred for possible hearing loss...		35	21	11	3
		700	630	61	9

Of the 61 pupils referred to the otologist for investigation 35 received operative treatment consisting of 13 cases of adenoidectomy, 16 cases of tonsillectomy and 6 cases of other forms of operative treatment. In 2 cases no form of treatment was advised and of the remaining 24 cases no report has so far been received.

C. *Orthopædic and Postural Defects:*

	<i>Number of cases known to have been treated</i>	
	1967	1966
(a) Pupils treated at clinics or out-patient departments	135	154
(b) Pupils treated at school for postural defects ...	—	—
Total	135	154

Mr. Skinner, Physiotherapist reports:—

“ The physiotherapy department, has continued, as in previous years to provide a service to the school and pre-school children of the Borough, who wish to avail themselves of it.

During the early part of 1967 we had an influx of patients from the Hospital, where the staff shortage in the physiotherapy department was acute.

We have continued to co-operate with the child guidance clinic and also the chest, orthopædic and pædiatric departments of the Hospital.

The swimming baths, have again provided us with the opportunity to assist both physically handicapped and maladjusted children, to gain confidence in themselves. The borough swimming instructress, Mrs. Jackson, as in the past giving yeoman service; three bronze medals being gained during the year.”

The following shows details of the work undertaken by the physiotherapist.

<i>School Children</i>	<i>No. of Cases</i>	<i>Attendances</i>
Asthma	6	14
Benign Hypotonia	1	39
Breathing	50	871
Curly toes	13	228
Flat feet	32	461
Manipulations	2	10
Postural drainage	1	1
Posture	14	249
Remedial exercises	4	53
Round shoulders	1	20
Scoliosis	1	28
Spastics	10	269
<i>Pre-school Children</i>		
Curly Toes	5	59
Remedial exercises	2	24
Spastics	5	136

Consultant Orthopædic Clinic :

Number of sessions held	...	...	...	...	12	
						<i>Pre-school School</i> <i>Children Children</i>

Number of individual patients seen by consultant, including those continuing attendance from previous year .. 14 117

Number of above—

- | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|---|---|
| (a) referred for operative treatment as short-stay cases only | ... | ... | ... | ... | ... | ... | — | 3 |
| (b) recommended long-stay hospital school | ... | ... | ... | ... | ... | ... | — | — |
| (c) recommended treatment by orthopædic nurse or physiotherapist— | | | | | | | | |
| (i) at treatment centres | ... | ... | ... | ... | ... | ... | — | 7 |
| (ii) domiciliary | ... | ... | ... | ... | ... | ... | — | — |

Number of children who obtained operative treatment during the year — —

Total number of attendances at consultant clinic 16 133

Treatment Centres:

Number of sessions held 440

Total number of patients treated (including cases continuing treatment from previous year) 12 135

Total number of attendances 219 2,243

Domiciliary Treatment:

Total number treated — —

Total number of visits to patients' homes — —

Appliances:

Number of appliances—(a) recommended	...	...	...	—	—
(b) obtained	...	...	...	—	—

D. Diseases of the Skin (excluding uncleanness for which see Table II):

									Number of cases known to have been treated	
									1967	1966
Ringworm—(a) Scalp	...	...	...	...	...	...	...	...	—	—
(b) Body	...	...	...	...	...	...	...	...	1	—
Scabies ...	...	...	...	...	...	...	...	...	72	67
Impetigo	...	...	...	...	...	...	...	...	29	45
Other skin diseases	...	...	...	...	...	...	...	...	31	79
Total									133	191

It will be seen from the figures that the incidence of scabies remained high during 1967. The affected children have been treated at the school clinic, child contacts have also received treatment at the clinic and their homes visited by the health visitors/school nurses. Adult contacts have been advised and provided with a supply of Benzyl Benzoate for their own treatment. School inspections have been carried out but there has been little evidence of any spread of infection within the schools. Infection has occurred mostly in the homes and between relatives and neighbours.

A weekly clinic is held for the treatment of plantar warts. Affected children are excluded from attendance at the swimming baths.

E. Child Guidance Treatment:

	Number of cases known to have been treated	
	1967	1966
Pupils treated at Child Guidance Clinics ...	177	174

Location of clinic:

School Clinic,
147, Skipton Road,
Keighley.

Number of sessions held during the year	...	...	176		
			Boys	Girls	Total
Number of new cases seen...	...	...	56	40	96
Number of cases referred from previous year	...	...	54	27	81
Total number of cases discharged or admitted for residen- tial treatment	...	...	48	34	82
Number of cases carried forward...	...	...	62	33	95

The staff of the child guidance clinic remains the same as in 1966, i.e. a physician in charge, an educational psychologist, a psychiatric social worker and a mental welfare officer. During the year 96 new cases were seen in addition to 81 cases carried over from the previous year, making a total of 177 cases.

Pupils have been referred from many agencies including consultant physicians and surgeons, family doctors, health visitors/school nurses, teachers, probation officers, magistrates, departmental medical officers and directly from parents themselves. We are grateful for the help and co-operation which has been given by all who have assisted in the treatment and management of the pupils they have referred.

The work of the clinic has largely proceeded on the same lines as formerly, i.e. the investigation and treatment of pupils suffering from symptoms of nervous disorders, organic disorders, disorders of habit or behaviour, and others seeking guidance with educational and vocational difficulties.

Considerable time has also been devoted to the investigation and observation of the physically handicapped in order to assess their particular physical, emotional and educational needs. It has proved to be of advantage to see these pupils at an early age so that their development can be observed over a period of time. Pupils and parents appear to profit from the counselling which is made available to them. We are indebted to the perspicacity and prompt action of the health visitors/school nurses for the early referral of these cases.

The co-operation of the physiotherapist has been invaluable. Physically handicapped pupils have attended weekly for physiotherapy and a general programme of physical, emotional and educational management has been arranged in co-operation with the members of the team and the parents. A few severely mentally handicapped pupils have also been managed in a similar way and have greatly benefited from physical treatment which has enlarged their very

limited experience and scope for exploration. As in previous years, other pupils suffering from emotional disorders have attended for physiotherapy and the orthopaedic swimming class which has helped them in gaining self confidence.

Reference is made to the report of 1966 when the work of the clinic was outlined concerning pupils of average intelligence with retarded scholastic attainment. During the year 1967, thirteen pupils who were referred to the clinic were found to be in need of special educational help. Additionally 39 children were ascertained by the departmental medical officer as being in need of Special Education. Taking into account the pupils who have been examined in previous years this means that at present there are 110 pupils attending Keighley schools who have been examined either by the departmental medical officer or the child guidance staff who are failing to make educational progress in keeping with their intelligence.

It is the opinion of the child guidance staff that special provision in the form of a Day Remedial Centre working in liaison with the clinic to give intensive educational help to these pupils would meet their need in the most suitable way. From the experience gained in the clinic it is considered that periods of from one to two years treatment given between the ages of 6 and 10 years would enable many of these pupils to be rehabilitated physically, emotionally, socially and educationally.

No. of new cases examined by the departmental medical officer in 1967 and ascertained as being in need of Special Education	...	...	29
No. of cases re-examined by the departmental medical officer in 1967 and ascertained as being in need of Special Education	...	...	10
No. of cases ascertained as being in need of Special Education in previous years and still in attendance at school	...	...	58
No. of children under the care of the child guidance clinic and considered to be in need of Special Education...	...	...	13
Total number of children who have been examined and are considered to be in need of Special Education in the Ordinary School	...		110

F. *Speech Therapy:*

	<i>Number of cases known to have been treated</i>	
	1967	1966
Pupils treated by speech therapists	—	—

The services of a speech therapist are urgently needed.

G. Other Treatment Given:

				Number of cases known to have been dealt with	
				1967	1966
(a)	Pupils with minor ailments	...	...	479	415
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	3	1
(c)	Pupils who received B.C.G. vaccination	...	...	428	355
(d)	Other than (a), (b) and (c) above—Ultra Violet Light	...	...	4	25
Total				914	796

4 pupils received ultra violet light treatment at the school clinic, all of whom had been discharged at the end of the year. Through the inter-availability of clinics 1 pre-school child also received ultra violet light treatment who had also been discharged at the end of the year. Altogether 58 sessions were held at which 191 attendances were made by pupils and 10 by the pre-school child.

Care of the Handicapped Child:

Details of the number of handicapped pupils are given in the following table:—

TABLE V

	New Ascertainments	Re-Ascertainments	New placings in Special Schools	Total No. attending Special Schools		Number awaiting placement in Special Schools	Number receiving home tuition
				Day	Boarding		
Blind	—	—	—	—	1	—	—
Partially Sighted	—	—	—	3	1	—	—
Deaf	—	—	—	—	3	—	—
Partially Deaf	—	—	1	5	2	—	—
Educationally Subnormal	7	4	10	99	1	—	—
Epileptic	—	—	—	1	—	—	—
Maladjusted	—	—	—	—	5	—	—
Physically Handicapped	—	—	—	2	6	—	—
Suffering from Speech Defect	—	—	—	—	—	—	—
Delicate	1	—	1	—	2	—	—
Total	8	4	12	110	21	—	—

BRAITHWAITE DAY SPECIAL SCHOOL:

At the end of the year 99 pupils were attending the Braithwaite Day Special School. Of these 63 were Keighley pupils, the remainder were admitted from areas situated outside the Borough.

Keighley pupils are now admitted at an earlier age than formerly and only occasionally are pupils admitted who are more than seven years of age.

MENTALLY SUBNORMAL CHILDREN:

No child was reported during the year as being “unsuitable for education in school” in accordance with Section 57(4) of the Education Act, 1944 as amended, however, 3 children were admitted to a Day Training Centre on a voluntary basis and 3 children were reported as requiring “care and guidance” on leaving school.

Nutrition:

Arrangements were continued for the issue of branded foods free of charge in appropriate cases. The distribution of such foods is made on the authorisation of the departmental medical officer who examines each case prior to an issue being approved. The following foods were distributed during the year:—

			1967	1966
Maltoline—8oz. tins	...	...	7	4
Vitamin B Tablets	...	...	—	50
Vitapan—4oz. bottles	...	...	139	120

Nocturnal Enuresis:

During the year 6 pupils suffering from nocturnal enuresis were issued with an Eastleigh Warning Device on loan and of these 2 were continuing under treatment at the end of the year.

Protection of School Children against Tuberculosis:

TUBERCULIN TESTING OF SCHOOL ENTRANTS:

The tuberculin testing of school entrants was introduced in order that in the case of a positive result, it would lead to a search for a source of infection and at the same time secure the placing of the child under medical supervision in order to avoid the risks which follow primary infection.

The following shows details of the work undertaken under the provisions of this scheme:—

Number invited	...	...	...	...	...	969
Refused	...	...	...	...	...	49
Absent	...	...	...	...	...	150
Previously examined	...	...	...	...	...	24
Negative	...	...	...	...	...	731
Positive	...	...	...	...	...	14
Not given because pupil had already had tuberculosis	...	...	...	...	...	1

Of the 14 cases found to be positive 10 had previously been vaccinated with B.C.G. and the remainder were referred to the chest physician for further investigation and/or observation.

B.C.G. VACCINATION OF OLDER SCHOOL CHILDREN:

The scheme for the vaccination against tuberculosis of older school children was continued during the year, details of which are set out below:—

Number of Medical Officers approved to undertake B.C.G. Vaccination 3

Acceptances—

Number of children offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously 745

Number found to have been vaccinated previously 6

Number of acceptances 500

Percentage of acceptances 67·66

Pre-vaccination Tuberculin Test—

Number of children tested... .. 497

Result of Heaf Test:

(i) Positive 69, (ii) Negative 428 497

Percentage positive 13·88

Vaccination—

Number vaccinated... .. 428

Included in the above figures are 64 immigrant children who were tuberculin tested as part of a full medical examination which was undertaken as soon as possible following their admission to school.

B.C.G. VACCINATION OF SCHOOL CONTACTS:

During the year a boy aged 8 years was notified as suffering from pulmonary tuberculosis and a further boy aged 5 years was thought to have an active primary lesion. The usual follow-up of contacts of each case was carried out but no further cases were brought to light.

Details of the work undertaken in this connection are set out below.

Acceptances—

Number of children offered tuberculin testing and vaccination if necessary 349

Number found to have been vaccinated previously 14

Number of acceptances 316

Percentage of acceptances 94·33

Pre-vaccination Tuberculin Test—

Number of children tested... .. 312

Result of Heaf Test:

(i) Positive 9, (ii) Negative 302, (iii) Not ascertained 1... .. 312

Percentage positive 2·89

Vaccination—

Number vaccinated... .. 302

In addition a contact from one of the previous year's cases was vaccinated.

Health Education:

We continue to extend our health education activities in schools and this year we have started a course in a comprehensive school which will extend over three terms. The syllabus, which was drawn up by the science master and health visitor/school nurse jointly responsible for the teaching, is given below. The pattern is similar to the course in the secondary schools and the syllabus in the first term is comparable to that used in the primary schools.

Health Visitors subjects:

Biologists subjects:

First Term

- 1. Personal Hygiene
- 2. Dental health
- 3. Smoking and health
- 4. Menstruation
- 5. Food Hygiene
- 6. Home Safety

- 1. Structure of the skin, hair and nails
- 2. Structure of the teeth
- 3. Anatomy of lungs and mechanism of respiration
- 4. Reproductive organs
- 5. Nutrition and simple bacteriology
- 6. Simple technicalities regarding electricity, for example repairing a fuse

Second Term

7. Human Biology

- 7. Personal relationships and attitudes
- 8. Antenatal care
- 9. Birth of a baby
- 10. Care of the baby, bathing etc.
- 11. Infant feeding and weaning
- 12. Immunisation

- 8. „ „
- 9. „ „
- 10. „ „
- 11. „ „
- 12. Work of Pasteur and Jenner

Third Term

- 13. Statutory services, health, school medical services, children's departments etc.
- 14. Visits: (a) Day Nursery
(b) Maternity and Child Welfare Clinic
- 15. Voluntary services, N.S.P.C.C., W.V.S., Marriage Guidance etc.
- 16. Visit. Training Centre
- 17. Budgeting, home making, hire purchase, weekly budgeting etc.
- 18. Visit. Sewage works

- 13. Sewage disposal, pasteurisation and sterilisation of milk.
Methods of ventilation

Medical Examination of Entrants to Training Colleges:

70 students were medically examined during the year in connection with their applications for entry to Training Colleges which was the same number as examined in the previous year.

Children and Young Persons Act, 1933, Employment of Children:

69 children were examined by departmental medical officers during the year to determine their fitness for employment under the Authority's bye-laws relating to the employment of children as compared with 91 in 1966. The above figures include those children taking part in entertainments. No child was found to be unfit.

Dental Inspection and Treatment:

Mr. Midgley, Area Dental Officer reports:—

“ The improvement in the dental health of pupils commented upon in the 1966 report has been maintained throughout the year.

The six monthly recall system has also been extended during 1967 and it is hoped to develop it further during 1968.

The number of orthodontic cases referred for treatment at the school clinic by dentists working in the General Dental Service also shows an increase and this service has been extended to the Bingley Clinic.

The time spent at the Bingley Clinic has been offset by the continued and valuable assistance of Mr. Lowery from the Barnoldswick area.”

TABLE VI

Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	703	879	194	1,776
Subsequent visits	689	2,125	463	3,277
Total visits	1,392	3,004	657	5,053
Additional courses of treatment commenced	42	80	21	143
Fillings in permanent teeth... ..	875	2,186	620	3,681
Fillings in deciduous teeth	209	18	—	227
Permanent teeth filled	754	2,051	620	3,425
Deciduous teeth filled	178	16	—	194
Permanent teeth extracted	106	453	162	721
Deciduous teeth extracted	1,264	345	—	1,609
General anæsthetics... ..	423	275	52	750
Emergencies	87	36	2	125
Number of pupils X-rayed				82
Prophylaxis				90
Teeth otherwise conserved				6
Number of teeth root filled				8
Inlays				6
Crowns				8
Courses of treatment completed... ..				1,740

Orthodontics

Cases remaining from previous year ...	74
New cases commenced during year ...	54
Cases completed during year	30
Cases discontinued during year	12
Number of removable appliances fitted...	108
Number of fixed appliances fitted ...	4
Pupils referred to Hospital Consultant ...	—

Prosthetics

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time) ...	—	—	1	1
Pupils supplied with other dentures (first time)...	1	9	7	17
Number of dentures supplied	2	20	15	37

Anæsthetics	General Anæsthetics administered by Dental Officers...	47
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Inspections

(a)	First inspection at school.	Number of pupils	6,533
(b)	First inspection at clinics.	Number of pupils	445
	Number of (a) + (b) found to require treatment		...	...	...	...	2,732
	Number of (a) + (b) offered treatment		...	...	...	...	2,719
(c)	Pupils re-inspected at school or clinic	...	...	...	...	...	378
	Number of (c) found to require treatment		...	...	...	.	220

Sessions

Sessions devoted to treatment	516*
Sessions devoted to inspection	...	...	...	39
Sessions devoted to Dental Health Education	...	...	...	4

* Includes 2 anæsthetist sessions

V. P. McDONAGH
Borough School Medical Officer

CONFIDENTIAL

HEALTH SUMMARY

Child's full name.....

Date of Birth..... Name of Family Doctor.....

School attended.....

Any information given below will be regarded as strictly confidential and will be seen only by the School Doctor and his staff

1. Is your child well at the moment ? Yes/No.

2. If your child is at present receiving treatment for any condition please give details:

.....
.....

3. If during the past twelve months your child has had any of the following complaints, please underline:

Frequent sore throats	Difficulty with hearing	Difficulty with school lessons
Discharging ears	Difficulty with speech	Frequent skin infections
Bed-wetting	Difficulty with vision	Difficulty with breathing
Nightmares or habit spasms	Squint	Nervous conditions

Please give details of the above:.....

.....

4. If your child has ever had any of the following complaints please underline:

Asthma	Heart defects	Nephritis (kidney conditions)
Bronchitis	Epilepsy or Fits	Poliomyelitis
Chorea (St. Vitus Dance)	Tuberculosis	Other deformities
Rheumatic Fever	Diabetes	

Whooping Cough. Measles. Jaundice. Mumps. Chickenpox. German Measles. Scarlet Fever.

Please give details of the above:.....

.....

5. If your child has ever had to be admitted to hospital please give the following details:

Reason for admission	When admitted	Name of Hospital
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.....
-------	-------	-------

6. Have you any special worries about your child ?.....

.....

Signed:.....Parent or Guardian

Address :.....

Date.....

HEALTH SUMMARY

Pupil's full name

Date of Birth.....

Address.....

School attended.....

Any information given below will be regarded as strictly CONFIDENTIAL and will be seen only by the School Medical Officer and his staff.

1. Has (s)he ever suffered from either of the following diseases ? (if " yes " please underline):—

Poliomyelitis

Rheumatic Fever.

2. Has (s)he had any illnesses (or accidents) which have required hospital treatment?

Nature of Illness or Injury

Age

Duration of Treatment

.....

.....

.....

3. Is (s)he at present under treatment for any condition ?.....

If " yes " please state its nature.....

4. Have you any special worries about your child ?

.....

.....

.....

(In special circumstances an interview may be arranged with you and your child at the School Clinic).

Name of Family Doctor.....

Signed.....

STAFF OF THE HEALTH DEPARTMENT

as at 31st December, 1967

MEDICAL STAFF

County Medical Officer and Principal School Medical Officer	Ronald W. Elliott, M.D., M.SC., D.P.H.
Deputy County Medical Officer	H. W. S. Francis, M.A., M.B., B.CHIR., D.P.H.
Principal Medical Officers	
Care of Mothers and Young Children and Nursing Services	P. H. Brewin, M.B., CH.B., D.P.H.
Mental Health Service ...	D. E. Jeremiah, M.B., B.S., D.T.M. and H., D.P.H.
School Health Service ...	C. S. Smith, M.B., B.S., M.R.C.S., L.R.C.P.
One Vacancy	
Additional Medical Officer ...	J. A. Cooney, M.B., CH.B., B.A.O., D.T.M. and H.
Venereologist (part-time) ...	J. A. Burgess, M.D., CH.B., D.P.H.
Pædiatrician (part-time) ...	C. C. Harvey, B.SC., M.D., B.S., F.R.C.S., M.R.C.P.
Obstetrician (Joint appointment with Hospital Services)	J. C. MacWilliam, L.R.C.P., L.R.C.S., L.R.F.P.S., D.OBST.R.C.O.G.
Senior Medical Officers—Child Guidance Service ...	Muriel Blackburn, M.B., B.S., D.P.M. Katharine N. Maxwell, M.B., CH.B.

Divisional Medical Officers—

Division No. and Name

1 (Skipton) ...	M. Hunter, M.B.E., M.D., CH.B., D.P.H.
3 (Keighley) ...	V. P. McDonagh, M.B., CH.B., D.P.H.
4 (Shipley) ...	J. Battersby, M.B., CH.B., D.P.H.
5 (Horsforth) ...	A. Telford Burn, M.B., B.S., D.P.H.
7 (Harrogate) ...	N. V. Hepple, M.D., B.S., B.HY., D.P.H.
9 (Wetherby) ...	W. D. Dolton, M.A., M.B., B.CHIR., M.R.C.S., L.R.C.P., D.P.H.
10 (Goole) ...	S. K. Appleton, M.D., CH.B., D.P.H., D.T.M.
11 (Castleford) ...	J. M. Paterson, M.B., CH.B., D.P.H.
12 (Pontefract) ...	J. F. Fraser, M.B., B.S., D.P.H., D.OBST.R.C.O.G.
13 (Morley) ...	G. Ireland, B.SC., M.B., B.CH., D.P.H.
15 (Spenborough) ...	W. M. Douglas, M.B., CH.B., D.P.H.
18 (Calder Valley) ...	N. E. Gordon, M.B., CH.B., D.P.H.
20 (Colne Valley) ...	P. M. Sammon, M.B., CH.B., D.P.H.
22 (Wortley) ...	F. C. Armstrong, M.B., B.CH., D.P.H.
23 (Hemsworth) ...	J. S. Walters, M.C., M.B., CH.B., D.P.H.
25 (Barnsley) ...	C. G. Oddy, M.B., CH.B., D.P.H.
26 (Wath upon Dearne)	D. J. Cusiter, M.B., CH.B., D.P.H., D.T.M. and H.
27 (Doncaster) ...	R. Stalker, M.B., CH.B., D.P.H.
29 (Thorne) ...	G. Higgins, B.SC., M.B., CH.B., D.P.H.
31 (Rotherham) ...	J. M. Watt, M.D., CH.B., D.P.H., D.C.H., D.OBST.R.C.O.G.

Departmental Medical Officers and School Medical Officers—

Division No. and Name

1 (Skipton)	...	...	*Helen M. Dean, M.B., CH.B., D.P.H. Ruth R. Stoakley, M.B., B.CH., B.A.O., D.P.H. *G. H. Cooper, M.B., CH.B.
3 (Keighley)	...	...	*Doreen E. Gledhill, M.B., CH.B. J. I. Bennet, M.B., CH.B.
4 (Shipley)	...	...	*R. A. McGregor, M.B., B.S., M.R.C.S., L.R.C.P., D.OBST.R.C.O.G., D.P.H. Adaline N. Ambler, M.B., CH.B.
5 (Horsforth)	...	...	*Kathleen A. S. Brosnan, M.B., B.CH., M.R.C.O.G., D.P.H. *Helen M. Mitchell, M.B., CH.B. Joan M. Murdoch, L.M.S.S.A. Janet Gordon, M.R.C.S., L.R.C.P.
7 (Harrogate)	...	...	*Isobel B. Alexander, M.B., CH.B., D.P.H. *Gertrude M. Polson, B.SC., M.B., CH.B., D.OBST.R.C.O.G. P. A. G. M. Ashmore, M.R.C.S., L.R.C.P. A. W. I. Hall, M.B., B.CHIR.
9 (Wetherby)	...	...	*S. H. Brock, M.B., CH.B., D.P.H. Barbara M. Brooke, M.B., CH.B.
9 (Rothwell)	...	...	J. P. Stuart, M.B., CH.B. S. M. Dick, L.R.C.P., L.R.C.S.
10 (Goole)	...	...	*Muriel J. Lowe, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H. Eileen M. R. Bell-Syer, M.B., B.S.
11 (Castleford)	...	...	*R. Chapman, M.B., CH.B., D.P.H.
12 (Pontefract)	...	...	*J. T. Clow, M.B., B.S., D.P.H.
13 (Morley)	...	...	*Barbara Briggs, M.B., CH.B., D.P.H. Irene Hargreaves, M.B., CH.B.
15 (Spenborough)	...	...	*Shirley Jessop, M.B., CH.B., D.P.H. Lorna Arblaster, M.B., CH.B. *Freda M. Cox, M.R.C.S., L.R.C.P., D.P.H. Alexandrina McPheat, M.B., CH.B., D.P.H.
18 (Calder Valley)	...	...	*Marie P. Milligan, B.SC., M.B., CH.B., D.P.H. W. C. McKerr, M.B., CH.B., B.A.O.
20 (Colne Valley)	...	...	*Annie L. J. Cusack, B.A., M.B., B.CH., B.A.O., D.P.H.
22 (Wortley)	...	...	Melba R. McGinty, M.B., CH.B.
23 (Hemsworth)	...	...	*Edith E. Cromb, M.B., CH.B., D.P.H. Josephine Hayes, M.B., CH.B. C. H. Merry, M.R.C.S., L.R.C.P.
25 (Barnsley)	...	...	Anne M. Gill, M.B., B.CH.

Departmental Medical Officers and School Medical Officers—continued

- 26 (Wath upon Dearne) *S. K. Pande, M.B., B.S., D.P.H.
D. M. Bell, M.B., CH.B.
Margaret E. J. Bolsover, M.B., CH.B.
- 27 (Doncaster) ... J. A. Beal, M.R.C.S., L.R.C.P.
Amy Kropacz, L.R.C.P., L.R.C.S., L.R.F.P.S.
- 29 (Thorne) ... Vacant
- 31 (Rotherham) ... Margaret J. Hallinan, M.R.C.S., L.R.C.P.

129 General Medical Practitioners who act as Child Welfare Centre Medical Officers and are employed on a sessional basis. This is the equivalent of 25·62 whole-time Departmental Medical Officers.

* Senior Departmental Medical Officers (Administrative).

Chest Physicians—(Joint Appointments with Hospital Services)—

SHEFFIELD REGION

D. H. Anderson, V.R.D., M.D., B.CH., B.A.O., D.P.H.
J. J. Danaher, M.B., B.CH., B.A.O.
F. C. N. Holden, M.D., B.S., M.R.C.S., L.R.C.P.
A. C. Morrison, M.D., CH.B., D.P.H.
J. D. Stevens, M.D., B.SC., M.R.C.S., L.R.C.P.

LEEDS REGION

R. A. Bruce, D.M., M.A., B.M., B.CH., M.R.C.P.
D. J. Charley, M.D., B.S., M.R.C.P., M.R.C.S.
G. F. Edwards, M.B.E., M.B., B.S., M.R.C.P., M.R.C.S.
H. Grunwald, M.D. (Vienna)
W. D. Hamilton, M.B., B.CH., B.A.O., D.P.H.
W. H. Helm, M.R.C.P., M.R.C.S.
J. W. Jordan, M.D., B.S., L.R.C.P., M.R.C.S.
M. J. Livera, M.D., B.S., M.R.C.P.
B. T. Mann, B.SC., M.D., CH.B., D.P.H.
Marjorie S. Oxley, M.B., CH.B., T.D.D.
J. K. Scott, M.B., CH.B., M.R.C.P., D.P.H.
D. K. Stevenson, M.B., CH.B., M.R.C.P.
J. Viner, M.B., CH.B.
J. Y. Walker, M.B., CH.B., D.P.H.
A. Weleminsky, M.D. (Prague)

Other Medical Specialists in the School Health Service (Regional Hospital Board and University Appointments)—

OPHTHALMIC

N. N. Agarwell, M.B., B.S., F.R.C.S., D.O.
S. K. Banerjee, M.B., B.S., D.O.
H. C. Black, M.B., B.CH., B.A.O., D.O.M.S.
S. B. Davies, L.R.C.P., L.R.C.S., D.O.
R. Hawe, M.B., CH.B., B.A.O., D.O.
M. A. C. Jones, M.B., CH.B., F.R.C.S., D.O.
S. M. Kamaluddin, M.B., B.S., D.O.M.S.
B. A. Marshall, M.B., CH.B., D.O.M.S.
N. L. McNeil, M.B., B.S., M.R.C.S., L.R.C.P., D.O.M.S.
K. H. Mehta, M.B., B.S., M.R.C.S., L.R.C.P., D.O.
K. K. Prasher, M.B., B.S., D.O.
T. B. Priestley, M.R.C.S., L.R.C.P.
S. Robertson, M.B., CH.B., D.O.M.S.
J. Roche, M.A., M.B., B.CH., D.O.
E. S. Tan, M.B., CH.B., D.O.M.S.
C. W. Thornhill, F.R.C.S., L.R.C.P. and L.M., L.R.C.S.I. and L.M., D.O.
L. Wittels, M.D. (Vienna), D.O.
J. L. Wood, M.R.C.S., L.R.C.P.

ORTHOPAEDIC

J. H. Annan, M.B., CH.B., F.R.C.S.
R. W. L. Calderwood, F.R.C.S., L.R.C.P.
K. S. Davies, M.B., CH.B., F.R.C.S., L.R.C.P.
N. Grewal, O.B.E., F.R.C.S., M.CH.ORTH.
G. F. Hird, M.B., CH.B., F.R.C.S.
G. Hyman, M.B., CH.B., F.R.C.S.
P. Kilburn, M.B., CH.B., F.R.C.S., M.CH.ORTH.
W. H. Maitland-Smith, M.B., CH.B., F.R.C.S., M.CH.ORTH.
Miss P. A. I. Macleod, B.SC., M.B., CH.B., F.R.P.S., F.R.A.C.S.
Miss M. A. Pearson, M.B., CH.B., F.R.C.S.
E. R. Price, M.B., B.S., F.R.C.S., M.R.C.P.
J. Wishart, M.B., CH.B., F.R.C.S.

E.N.T.

H. K. Das, F.R.C.S., D.O.
R. D. Dunsmore, M.B., B.S., M.R.C.S., L.R.C.P.
W. M. S. Ironside, M.B., CH.B., F.R.C.S.
S. Kavanagh, L.R.C.P.I. and L.M., F.R.C.S., D.L.O.
K. M. Mayhall, M.A., M.B., B.CHIR., F.R.F.P.S., M.R.C.S., L.R.C.P., D.L.O.
H. Morus-Jones, M.C., M.B., B.S., F.R.C.S., L.R.C.P., D.L.O.
J. E. Rees, M.R.C.S., D.L.O.
W. L. Rowe, M.B., CH.B., F.R.C.S.

PAEDIATRIC

C. S. Livingstone, M.R.C.P., D.C.H.
E. M. O'Neill, M.D., M.R.C.P., D.C.H.
J. D. Pickup, M.D., CH.B., D.C.H.
L. J. Prosser, M.B., CH.B., D.C.H.
R. J. Pugh, M.B., CH.B., M.R.C.P., M.R.C.S., D.C.H.
A. P. Roberts, M.B., B.S., M.R.C.P., M.R.C.S., D.C.H.

CARDIAC

J. R. Fountain, M.D., M.R.C.P., M.B., CH.B.
P. C. Reynell, D.M., B.CH., M.R.C.P.
W. S. Suffern, M.D., CH.B., M.R.C.P., M.R.C.S., L.R.C.P.

DERMATOLOGICAL

W. E. Alderson, M.A., B.M., B.CH.

PSYCHIATRIC

Elizabeth Gore, M.D., CH.B., D.OBST.R.C.O.G., D.P.M.
K. D. Hopkirk, M.A., M.R.C.S., L.R.C.P., D.P.M.
J. D. Orme, M.R.C.S., L.R.C.P., D.P.M.

CHILD GUIDANCE SERVICE

Psychologists J. B. Mannix, M.ED.
D. G. Pickles, M.A.
R. I. Pilkington, B.A.
D. J. Rowlands, B.A.
H. B. Valentine, M.A.

8 Psychiatric Social Workers (3 part-time).

SPEECH THERAPY SERVICE

Chief Speech Therapist ... Vacancy.

11 Speech Therapists (6 part-time).

DENTAL SERVICE

Chief Dental Officer, Principal

School Dental Officer ... H. Taylor, L.D.S.

County Orthodontist G. A. Thompson, B.CH.D., L.D.S., Dip.Orth.,
R.C.S.

Dental Specialist M. R. Hollings, F.D.S., B.CH.D.

Senior Clinical Dental Officers W. A. Allen, B.D.S.

J. M. Enderby, L.D.S.

Joyce Neden, B.D.S.

F. H. Sanderson, L.D.S.

Area Dental Officers K. R. Cowell, B.CH.D., L.D.S.

E. Doherty, B.D.S.

P. F. A. Eltome, L.D.S.

J. D. Franks, L.D.S.

Mary M. Gibson, L.D.S.

Valerie P. Lindsay, L.D.S.

A. S. Metcalfe, L.D.S.

E. S. Midgley, L.D.S.

S. Mitchinson, L.D.S.

J. Naftalin, L.D.S.

B. Sleight, B.CH.D.

H. G. Thorp, L.D.S.

H. M. Yuile, L.D.S.

Senior Dental Officers	...	J. R. Clayton, B.CH.D., L.D.S. M. S. Ormesher, B.D.S. F. A. Rycroft, B.CH.D., L.D.S.
School Dental Officers	...	M. J. Boyles, L.D.S. Joan M. Davison, L.D.S. W. H. Dyke, L.D.S. R. F. Grainger, B.CH.D., L.D.S. Edith M. M. Hague, L.D.S. Carole M. Hancock, B.D.S. M. Hattan, L.D.S. D. H. Hoyle, B.CH.D., L.D.S. Margaret A. Kaye, B.D.S. F. Kershaw, L.D.S. J. M. Laurent, B.D.S. G. W. Lawrence, L.D.S. R. B. Lawrence, L.D.S. M. J. Limb, B.D.S. E. Lowery, B.D.S. M. N. Makhdumi, L.D.S. C. F. Martin, B.CH.D., L.D.S. J. A. E. Morris, B.CH.D., L.D.S. K. U. Nasir, B.D.S. D. B. Owen, L.D.S. Jessie Rothera, L.D.S. Susanne E. Schloss, L.D.S. P. Smith, L.D.S. P. W. Thornton, L.D.S. A. H. Wigglesworth, B.CH.D., L.D.S.
3 Dental Auxiliaries		
Senior Dental Technician	...	J. O. Ford
8 Technicians		
2 Boy Dental Apprentices		
60 Dental Surgery Assistants		

NURSING AND MIDWIFERY

County Nursing Officer	...	Marjorie G. Atkinson, S.R.N., S.C.M., H.V. CERT., Q.I.D.N.S.
Deputy County Nursing Officer		Naomi I. Harris, S.R.N., S.C.M., H.V. CERT., Q.I.D.N.S.
Non-Medical Supervisors of Midwives	... ..	Norena M. Everitt, S.R.N., S.C.M., M.T.D. Sarah E. D. Stuart, S.R.N., S.C.M., M.T.D.
Health Visitor Tutor	... ..	Rona E. Chambers, S.R.N., S.C.M. (Part I) H.V. CERT., H.V. TUTOR'S CERT.

- 18 Divisional Nursing Officers.
- 280 Health Visitors and School Nurses (16 part-time).
- 112 Assistant Health Visitors (50 part-time).
- 4 Orthopædic Nurses and Physiotherapists (2 part-time).
- 6 Tuberculosis Visitors.
- 4 Venereal Diseases Social Workers (Qualified Health Visitors).
- 316 Home Nurses and Home Nurse/Midwives (29 part-time).
- 187 Midwives (7 part-time).
- 5 Matrons and 27 other nursing staff at 5 Day Nurseries.
- 14 Trainee Social Workers.

MENTAL HEALTH SERVICE

- | | |
|---------------------------------|--------------------------|
| Psychiatric Social Worker-Tutor | Maria Farrow, A.A.P.S.W. |
| Senior Mental Welfare Officers | R. Aspinall |
| | Clarice E. Brigg |
| | Margaret M. de la Cour |
| | A. Emmerson |
| | J. H. Hope, A.A.P.S.W. |
| | J. G. Jarvis |
| | Dorothy W. Lynes |
| | S. Parkinson, A.A.P.S.W. |
-
- 58 Mental Welfare Officers
 - Organiser of Training ... Frances E. Woolley, DIP.N.A.M.H.
 - 1 Peripatetic Advisory Instructor
 - 18 Supervisors in Mental Health Training Centres
 - 119 Assistant Supervisors and other assistant staff
 - 6 Cadets
 - 3 Home Teachers for (Mentally) Subnormal Children (2 part-time)
 - 3 Wardens in Mental Health Hostels
 - 4 Assistant Wardens in Mental Health Hostels

DOMESTIC HELPS

3,188 Domestic Helps

PUBLIC HEALTH INSPECTORS

- | | | |
|--------------------------------------|-----|-------------------------------------|
| Chief County Public Health Inspector | ... | D. Greenwood, M.A.P.H.I. |
| County Public Health Inspectors | ... | J. D. Clayton, A.R.S.H., M.A.P.H.I. |
| | | D. Jagger, M.A.P.H.I. |
-
- 2 Pupil Public Health Inspectors
 - 2 Milk Sampling Officers

HEALTH EDUCATION

- | | | |
|--------------------------|-----|--|
| Health Education Officer | ... | Mary Tattersall, S.R.N., S.C.M., H.V. CERT.,
Q.I.D.N.S. |
|--------------------------|-----|--|
-
- 1 Health Education Technician

ANALYSTS

- | | | | |
|-----------------------|-----|-----|--|
| County Analyst | ... | ... | R. Mallinder, B.SC., F.R.I.C. (part-time). |
| Deputy County Analyst | ... | ... | J. C. Harrel, F.R.I.C. (part-time). |

ADMINISTRATIVE AND CLERICAL

Chief Administrative Officer G. Richardson, D.P.A.

Sectional Administrative Officers... ... J. H. Milne, D.P.A.
 H. Beatson
 W. J. Battye
 R. S. Marshall
 T. Myton, D.P.A.
 T. R. Schofield, D.P.A.

Administrative Officers E. Brown
 H. V. Brook
 D. Marshall, D.P.A.
 D. Ramsbottom
 J. Spruce, D.P.A.
 P. Ward, D.P.A.

23 Divisional Chief Clerks

350 Other Clerical Staff (including part-time staff)